

## Support from the Literature with Selected Annotations for the Minnesota Medication Administration Guidelines for Schools.

410-11-.01 *Standards of Registered Professional Nursing Practice: Amended*. (n.d.). Retrieved July 22, 2004, from <http://www.sos.state.ga.us/plb/rn/>.

15-344. *Administration of prescription, patent or proprietary medications by employees; definition*. (n.d.). Retrieved July 22, 2004, from <http://www.azleg.state.az.us/ars/15/00344.htm>.

15-346. *Policies and procedures concerning pupils with chronic health problems; definition*. (n.d.). Retrieved July 22, 2004, from <http://www.azleg.state.az.us/ars/15/00346.htm>.

6,000 *unlicensed persons certified to administer medications*. (September 1995). *The Massachusetts Nurse*, 65, 8, p1, 3.

Concerns expressed in this article were that unlicensed personnel were administering medications with only a 16-hour training and that no further follow-up certification was thought to be needed. Some vulnerable populations would potentially be at risk since a licensed nurse would provide safe and high quality care. It is argued that vulnerable patients need ongoing assessment and management of the patients' health statuses and their ultimate responses to medications. The Massachusetts Nursing Association was trying to stop further care by unlicensed providers, specifically to those who needed ongoing assessments.

Abrunzo, T., Gerardi, M., Dietrich, A., Lampeli, M., Sanford, W., & Smith, D. (2003). The role of emergency physicians in the care of the child in school. *Annals of Emergency Medicine* 35, 155-161.

At the time this was written, more than 10 million children lacked health care insurance. When they needed medical care they were twice as likely to seek care in an emergency room. Emergency physicians need to be involved in establishing health care programs in school. Schools may end up being the sites of both primary and emergency care. The article provided descriptions of the types of school emergencies possible and how to plan for them. Emergency room doctors are a vital resource to the school district in establishing appropriate school-based emergency response plans.

*Accountability in our Schools*. (2003) Alliance for Student Achievement.

Adelman, H., Taylor, L. (2003). Involving teachers in collaborative efforts to better address the barriers to student learning. *Preventing School Failure* 42, 55-60.

This article is about the work with collaborative effects between disciplines, including teachers, parents, students, and special educators. For a child to succeed in a public school setting requires a group effort.

Adelman, H. Taylor, L. (January 2003). A Resource Aid Packet on: Students and psychotropic medication: the school's role. Center for Mental Health in Schools at UCLA, Los Angeles, CA.

This resource provided an overview, guidelines, and tools related to a school's role in administering and monitoring medications and educating school staff about medications, as well as the role of students on medication. Also included in this resource was information on major medications and their side effects, particularly those medications prescribed for students with ADHD, CD, anxiety, and depression. The final section outlined additional resources related to students. Included in the appendix was a copy of sample policies and procedures from the state of Maine.

*Administering medicines in schools.* (1999). Newcastle: Catholic Schools Office, Diocese of Maitland-Newcastle.

*The administration of medication: Oral medication.* (2002). Retrieved June 20, 2002, from <http://www.education.tas.gov.au/equitystandards/drug-ed/tasguide/attach8.htm>.

*Administrative rules of Montana.* (n.d.). Retrieved July 26, 2004, from <http://arm.sos.state.mt.us/8/8-1025.htm>.

Agency for Healthcare Research and Quality. (September 2002). *Patient fact sheet.* AHRQ pub no. 02-P034. [www.ahrq.gov](http://www.ahrq.gov).

Agency for Healthcare Research and Quality. (January 6, 2003). *Avoid medial mistakes in kids.* <http://www.ahrq.gov>.

Agency for Healthcare Research and Quality. (September 2002). *What are medical errors? Patient fact sheet: 20 Tips to Help Prevent Medical Errors in Children.* AHRQ Publication #02-P034, Rockville Maryland. [www.ahrq.gov/consumer/20tipkid.htm](http://www.ahrq.gov/consumer/20tipkid.htm).

Alabama Board of Nursing. (2001). *Chapter 610-X-6: Standards of nursing practice.* Montgomery: Alabama State Board of Nursing.

Alaska Board of Nursing. (1995). *Position Statement: Regarding delegation by nurses of nursing tasks to unlicensed assistive staff of assisted living homes.* Juneau: Alaska Board of Nursing.

Alaska Board of Nursing. (1993). *Position Statement: Activities of unlicensed assistive personnel.* Juneau: Alaska Board of Nursing.

Alaska Board of Nursing. (1983). *Position Statement: Registered Nurse and Advanced Nurse Practitioner Scopes of Practice.* Juneau: Alaska Board of Nursing.

Alaska Department of Education and Early Development . (n.d.). *Standards for Alaska's schools.*

Juneau: Alaska Department of Education and Early Development.

Allen, J. (2001, January 14). Guidelines for dispensing medication. *Star Tribune*.

These guidelines of the Office of School Health at the University of Colorado were released in 1990. They describe how medicine should be stored and dispensed and discuss parental involvement.

American Academy of Allergy Asthma & Immunology. (2000). Media Resources: Position statement 18 - the use of inhaled medications in school by students with Asthma. [http://www.aaaai.org/media\\_resources/position\\_statements/ps18.stm](http://www.aaaai.org/media_resources/position_statements/ps18.stm).

This is the American Academy of Allergy, Asthma and Immunology (AAAAI) policy statement on inhaled medications in schools. Among its recommendations for school policy are that students with asthma should have possession of their inhaled medication to facilitate timely treatment when it is needed. The statement discusses the role of school officials working with parents and physicians and the role of the student (should be sufficiently responsible and discreet in medication use), but does not directly discuss the licensed school nurse's role.

American Academy of Allergy Asthma & Immunology. (2003). Media Resources: AAAAI Position Statement - The use of epinephrine in the treatment of Anaphylaxis.

This is a position paper for epinephrine from the American Academy of Allergy, Asthma and Immunology (AAAAI). The risk of *not* using epinephrine outweighs the risks. Statistics were given to support the above statement. The AAAAI stated that school personnel and health professionals should be educated.

American Academy of Allergy Asthma & Immunology. (September 2001). *Topic of the Month: September 2001: Back to School with Food Allergies*. Retrieved March 2, 2003, from <http://www.aaaai.org/careermd/public/topicofthemonth/0901/default.stm>.

American Academy of Allergy Asthma & Immunology. (1998). Media Resources: AAAAI Position statement - anaphylaxis in schools and other child-care settings. March 26, 2003, from [http://www.aaaai.org/media/resources/position\\_statements/ps34.stm](http://www.aaaai.org/media/resources/position_statements/ps34.stm).

This article discussed anaphylaxis in school settings. It stressed the importance of appropriate people knowing about students' allergies, avoidance of triggers, and prompt treatment with epinephrine.

American Academy of Family Physicians. (1996). *Alternative medicine*. Leawood: American Academy of Family Physicians.

American Academy of Pediatrics. (October 2001). Clinical Practice Guidelines: Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder. *Pediatrics*.

American Academy of Pediatrics. (n.d.). *Consulting with schools on health*. Retrieved May 10, 2004, from <http://www.schoolhealth.org/trnthtrn/section2/main2.html>.

American Academy of Pediatrics. (2003). AAP releases guidelines for administration of medication in school. *Health and Health Care in Schools, 4*.

The article reviewed the policy statement made by the American Academy of Pediatrics (September 2003) regarding guidelines for children who take medications required during the school day. The statement was designed to guide prescribing physicians, school administrators, and health staff on administration of medication to students in school. The article addressed over-the-counter products, herbal medicines, experimental drugs, emergency medications, and principles of student safety. There were warnings for physicians about prescribing “as needed” medications and directions to school districts and administrators about adhering to federal, state, and district regulations and seeking legal advice when developing policy.

American Academy of Pediatrics. (2003). Herbal remedies and children: Are they safe, effective? *Health and Health Care in Schools, 4*.

American Academy of Pediatrics. (2003). Policy statement: Guidelines for the administration of medication in school. *Pediatrics, 112(3)*, 697-699.

American Academy of Pediatrics. (2004). Medications - Taking Medicine Correctly. Retrieved January 23, 2005, from [http://www.medem.com/pat/medlib\\_entry.cfm?article\\_ZZZYLAKE...](http://www.medem.com/pat/medlib_entry.cfm?article_ZZZYLAKE...)

This was written by the American Academy of Pediatrics for parents regarding how to correctly administer over-the-counter medication (OTCs) to children. The author noted that research indicated up to half of children who take medications did not take them correctly. The article addressed schedule, giving the right amount of medication, dosing OTCs by weight, taking the full course of medication, safety tips to prevent overdose poisoning, strategies for administering medication to a child, chewables vs. liquids, and discussing any questions, changes in how a child is feeling, and reactions with the child’s pediatrician.

American Academy of Pediatrics. (2003). Policy statement: Out-of-School Suspension and Expulsion. *Pediatrics, 112, 5*: 1200-1206.

American Academy of Pediatrics, American Public Health Association & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children*. Elk Grove Village, IL: Author.

American Academy of Pediatrics. (2001). The role of the school nurse in providing school health services. *Pediatrics, 108(5)*, 1231-1232.

The authors described how school nurses are crucial to maintaining proper health care for all students. The nurse has an important role on a school health services team; providing Minnesota Guidelines for Medication Administration in Schools - May 2005  
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acute, chronic, episodic, and emergency health care; meeting all qualifications set forth by the National Association of School Nurses; and providing mandated screening and immunization clinics, a process also for identification and resolution of students' health care needs that affect educational achievement. Recommendations for professional preparation and staff development of school nurses were also made.

American Academy of Pediatrics. (2000). *Health, mental health, and safety in schools*. Retrieved May 10, 2004, from <http://www.schoolhealth.org/hmhs.htm>.

American Academy of Pediatrics Committee on School Health. Guidelines for the administration of medication in school. (1993). *Pediatrics*, 92, 499-500.

This three-page set of guidelines of the American Academy of Pediatrics (AAP) focused on school policy, physician-prescribed medications, parent- or self-prescribed medications, and security and storage of medication. Among the recommendations were that the school board and superintendent, in conjunction with other school personnel and in collaboration with the physician or medical advisory committee for each school or district, develop a policy for the administration of medication. School districts should seek the advice of counsel as they assume responsibility for giving medications during school hours. The AAP also recommends that all prescription and over-the-counter medication administration be well documented.

American Academy of Pediatrics, Committee on Pediatric Emergency Medicine. (1999). Emergency preparedness for children with special health care needs. *Pediatrics* 104, 53-58.

American Academy of Pediatrics & American College of Emergency Physicians. (2000). *Emergency information form*. Retrieved on November 30, 2004, from <http://www.aap.org/advocacy/blankform.pdf>.

American Association of Diabetes Educators. (1999). Position statement: Management of children with diabetes in the school setting. *The Diabetes Educator*, 25.

This position statement of the American Association of Diabetes Educators summarized forms of diabetes and discussed how diabetes can be controlled and the roles of students, parents, school personnel, and health care providers when monitoring and treating diabetes in the school setting.

American College of Emergency Physicians. (1998). *Policy statement: Emergency information form for children with special health care needs*. Dallas: American College of Emergency Physicians.

American Diabetes Association. (2003). Care of children with diabetes in the school and day care settings. *Diabetes Care, Supplement 1* 26.

This article pointed out that, to control their blood sugars, students with diabetes are entitled to accommodations in school settings. Appropriate care is necessary for student safety, long-term well-being, and optimal academic performance.

American Diabetes Association. (2002). Diabetes and the school community. *Health in Action*.

Diabetes is a serious chronic disease and schools have the legal responsibility to provide students with a medically safe environment. Information was included on type 1 and type 2 diabetes and the role of the school and its personnel.

American Federation of Teachers. (5-1997). The medically fragile child in the school setting, 2nd edition. American Federation of Teachers Ad Hoc Committee on Health Care Responsibilities in Special Education, #451-a, Washington D.C.

The article looked at many issues relating to the medically fragile student in school, including: (1) legal issues, (2) Individuals with Disabilities Education Act (IDEA), (3) the role of personnel working with the child, (4) school records, (5) do-not-resuscitate (DNR) instructions, (6) non-supervising personnel, (7) health and safety issues, and (8) inclusion. No information about administration of medications was presented.

American Federation of Teachers Healthcare (1995). Policy statement: Statement on the use of unlicensed assistive personnel. Retrieved April 15, 2002, from <http://www.sft.org/healthcare/policy/usaspers.html>.

This article summarized the varied uses of both licensed school nurses and unlicensed assistants. According to the American Federation of Teachers (AFT), the best interest for schools, staff members, and parents is met by having separate duties for school nurse and assistants. Medication errors were more likely to occur when medications were administered by unlicensed personnel rather than school nurses. One major pressure was the financial burden on school districts to hire appropriately trained nurses.

American Federation of Teachers, Council for Exceptional Children, National Association of School Nurses, & National Education Association. (1990). Guidelines for the delineation of roles and responsibilities for the safe delivery of specialized health care in the educational setting - abridged.

This article offered guidelines for teachers, related service staff, and paraprofessionals regarding a wide range of medical procedures. There were only six states that had written guidelines for eight selected health care procedures in schools, so several organizations (AFT, CEC, NASN, and NEA) formed this task force and developed a chart to identify the responsibility level for each staff member and procedure.

American Federation of Teachers. (October 1995). *Statement on the Use of Unlicensed Assistive Personnel*. AFT Health Care, Policy Statements. Retrieved April 15, 2002, from <http://www.aft.org/healthcare/policy/unaspers.html>.

American Federation of Teachers. (2001). *New Study Shows Medication Errors High Among School Nurses*. AFT Health Care, School Nurse News. Retrieved June 17, 2002, from <http://www.aft.org/healthcare/schoolnurses/news.html>.

American Nurse's Association. (2003). *Code of Ethics for Nurses with Interpretive Statements*. Washington DC: American Nurse's Association.

American Nurse's Association. (n.d.). *National center for school health nursing excellence: Advancing excellence in school health nursing practice*. Washington DC: American Nurse's Association.

American Nurse's Association (1997). Position statement: Registered nurse utilization of unlicensed assistive personnel. Washington, DC: American Nurse's Association.

The position statement of the American Nurses Association (ANA) recognized the need for the unlicensed assistive personnel (UAPs) due to changing conditions. The concern was to maintain public safety and stay within the legal standards of the Nurse Practice Act. The purpose of the statement was to explain ANA's standards with the use of UAPs in direct and indirect patient care under the direction of the registered nurse. The article also included definitions and standards.

American Nurse's Association. (1992). *Position statement on registered nurse utilization of unlicensed assistive personnel*. Washington, DC: American Nurse's Association.

American Nurse's Association. (2004). *Nursing Scope and Standards of Practice*. Washington DC: American Nurse's Association.

American Nurse's Association. (2003). *Nursing's Social Policy Statement, 2<sup>nd</sup> edition*. Washington DC: American Nurse's Association.

American School Health Association. (2002). Diabetes is a chronic, manageable, but serious disease. *Health in Action*. [www.ashaweb.org](http://www.ashaweb.org).

Anderson, M., Vu, C., Derby, K, Goris, M., & McLaughlin, T. (2002). Using Functional Analysis Procedures to Monitor Medication Effects in an Outpatient and School Setting. *Psychology in the Schools*. 39: 73-76.

Anderton, J. & Broady J. (October 27, 1999). Improving schools' asthma policies and procedures. *Nursing Standard*. 14, 6:34-38.

Anthony, M., Casey, D., Chau, T., & Brennan, P. (November/December 2000). Congruence Between Registered Nurses' and Unlicensed Assistive Personnel Perception of Nursing Practice. *Nursing Economics*. 18, 6.

Arent, S. (2003). Needed protection for students with diabetes. *NASN Newsletter*, 14-15.

This short 2003 commentary from the perspective of the American Diabetes Association (ADA) said that the needs of students with diabetes were often unmet. The ADA hears from families of students with diabetes who face real barriers to diabetes care at school. Stories include children being excluded from their neighborhood schools, parents quitting jobs to be available to provide diabetes care at school, high school students who must miss valuable class time to check blood glucose levels, and students who are not permitted to participate in field trips or extracurricular activities.

The ADA supports efforts to increase the number of school nurses and would like to see a full-time nurse in every school building. It sees a more fundamental problem, that the school nurse generally is not available for field trips or school-sponsored before and after school activities. The ADA stance is that adequate diabetes management at school cannot be accomplished without staff trained in proper diabetes care to supplement the school nurse.

Arizona Secretary of State. (1995). *Arizona administrative code: Title 4. professions and occupations*. Retrieved August 20, 2002, from [http://www.azsos.gov/public\\_services/Title\\_04/4-19.htm](http://www.azsos.gov/public_services/Title_04/4-19.htm).

Arizona State Board of Nursing. (1988). *Advisory opinion: Medication, carrying by licensed nurses*. Retrieved August 20, 2002, from [http://www.azbn.org/documents/advisory\\_opinion/AO%20MEDICATIONS%20CARRYING%20BY%20RNs.pdf](http://www.azbn.org/documents/advisory_opinion/AO%20MEDICATIONS%20CARRYING%20BY%20RNs.pdf).

*Arkansas Code ACA 6-18-704 School Nurse; 6-18-1005(a) Health Services*. (n.d.). Little Rock: Arkansas Department of Education.

*Arkansas Code ACA 20-13-401 Emergency Treatment Act*. (n.d.). Little Rock: Arkansas Department of Health.

Arkansas Department of Education. (1996). *Resource guide: Developing school policies on children with special health care needs*. Little Rock: Arkansas Department of Education.

Arkansas State Board of Nursing. (n.d.). *School nurse qualifications*. Little Rock: Arkansas State Board of Nursing.

Arkansas State Board of Nursing. (n.d.). *The practice of nursing*. Little Rock: Arkansas State Board of Nursing.

Arkansas State Board of Nursing. (2001). *Arkansas state board of nursing rules and regulations*. Little Rock: Arkansas State Board of Nursing.

Arkansas State Board of Nursing. (2000). *School nurse roles & responsibilities: Practice guidelines*. Retrieved July 28, 2003, from <http://www.arsbn.org/pdfs/schoolnurseguidelines.pdf>.

- Arkansas State Board of Nursing. (1999). *Application of guidelines for decision making*. Little Rock: Arkansas State Board of Nursing.
- Arkansas State Board of Nursing (1999). *Position statement 99-2: Delegated medical acts*. Little Rock: Arkansas State Board of Nursing.
- Arkansas State Board of Nursing. (1997). *Position statement 97-2: Assistance with self medication for unlicensed persons*. Little Rock: Arkansas State Board of Nursing.
- Arkansas State Board of Nursing. (1996). *Delegation model*. Little Rock: Arkansas State Board of Nursing.
- Arkansas State Board of Nursing & Arkansas School Nurses Association. (2000). *School nurse roles & responsibilities practice guidelines*. Retrieved August 20, 2002, from <http://www.arsbn.org/pdfs/schoolnurseguidelines.pdf>.
- Arnold, M.J. & Silkworth, C.K. (ed.). (1999). Volume II. *The School Nurse's Source Book of Individualized Healthcare Plans. Issues and Applications in School Nursing Practice*. Sunrise River Press. North Branch, MN.
- Assessing Health Services Delivery for Children with Special Health Care Needs (CSHCN) in School. (Spring 1993). *The Networks (A newsletter of the National MCH Center At Children's Hospital) Special Edition. 4, 1: 1-5*.
- Assisting children with medications at school: A guide for school personnel, a videotape-training program and viewer's guide*. (1996). Denver: University of Colorado Health Sciences Center, School of Nursing.
- Asthma Education: An Integrated Approach, Ideas for Elementary Classrooms*. (1998). Project Accord, Minnesota Department of Health, St Paul, MN.
- Awbrey, L. & Juarez, S. (2003). Developing a nursing protocol for over-the-counter medications in high school. *The Journal of School Nursing, 19*, 12-15.

The article was based on using the Nurse Practice Act of California and several other California Education Codes that are not detailed in this article. However, it did detail collaborative efforts required to implement changes in the way medications are managed in the school setting. The protocols developed were based on best practice standards for the health and safety of students. Standardized nursing protocol and over-the-counter medication protocols allow the school nurse to provide non-prescription medication for common complaints such as headaches and menstrual discomfort. Readers might disagree with the suggestion that schools provide a stock supply of medications.

- Banach, G. (January 2002). Support for Safe Medication Guidelines. Parent education information on potential poisons. *School Nurse News*.
- Bannon, M. & Ross, E. (1998). Administration of medicines in school: Who is responsible? Minnesota Guidelines for Medication Administration in Schools - May 2005  
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*British Medical Journal*, 316, 1591-1593.

The article focused on whether or not teachers and staff have to be responsible to administer medications. It said there were no legal requirements to do so. The article was premised on the following ideas. Chronic illness is relatively common in schoolchildren and often requires treatment during school hours. School health services are non-resident and are focused on health promotional activities rather than providing acute medical care for students. Parents and prescribers of drugs for children must communicate effectively with school staff. The use of individual healthcare plans in this context represents a constructive way forward, but these have yet to be widely implemented in practice.

Barrett, J. (2000). A School-Based Management Service for Children with Special Needs. *Family & Community Health*, 23, 2: 36-42.

Barter, M. & Furnidge, M. (1994). Unlicensed assistive personnel: Issues relating to delegation and supervision. *Journal of Nursing Administration*, 24, 36-40.

This article reviewed the standards for licensed registered nurses and the activities they could perform. Two case studies demonstrated that delegation of duties also needs to be closely supervised.

Bartlett, C. R. & others. (1994). Developing medical and educational partnerships in school settings to meet health-related and educational needs of students who are medically fragile: How can rural schools catch that elusive rainbow? Reston from ERIC Database, Microfilm Document #369613.

This article dealt with medical-educational partnerships involving multiple disciplines collaborating to coordinate appropriate and safe care for medically fragile and technology dependent students. The need for adequately trained and certified staff members was presented. The need for guidelines for roles and responsibilities was addressed. The article also addressed the need for resources, especially in rural areas.

Bauchner, H. (1998). Specific issues related to developing, disseminating, and implementing pediatric practice guidelines for physicians, patients, families, and other stakeholders. *Health Services Research*.  
[http://www.findarticles.com/ct\\_0/m4\\_v33/21244247/print.jhtml](http://www.findarticles.com/ct_0/m4_v33/21244247/print.jhtml).

The article discussed the effectiveness of pediatric health care guidelines in relation to pediatric health outcomes. Published surveys of physicians found that guidelines are more effective if based on evidence rather than consensus. There was evidence that practice guidelines do improve health outcomes, but more research is needed in regard to pediatric outcomes. The need for parent involvement in adopting guidelines was necessary; their involvement could be as a change agent.

Future research was needed, especially in regard to the application of guidelines to improve children's health care, as well as to understand the most effective approaches to developing, disseminating, and implementing information on quality.

Bennett, H. (2002). Preventing drug reactions in kids – and their parents. *Contemporary Pediatrics*, May.

Benning, Victoria. (June 12, 1998). Fairfax Drug Rules Amended; School Board Changes Policy on Nonprescription Medications. *Washington Post*. Metro Section, C06.

Berg, R. & Bailey, W. (1996). School Drug Rules Strict. *The Columbus Dispatch*.

Bigley, A. (1993). A study of thirty-three rural southern Illinois elementary school districts' medication policies. Master's Thesis #LB1861.C57xE34, B5. Charleston Illinois: Eastern Illinois University.

A study of 33 selected rural elementary (K-8) schools in southern Illinois was conducted to determine how Illinois school districts regulated the administration of medication in the absence of both the superintendent and school nurse. Illinois law required that only a nurse or administrator were able to administer medications. The study found the majority of schools had a plan, but delegated to teachers or others, not administrators as the law required.

Black, S. (March 2003). Prescription for Learning. *American School Board Journal*. Vol. 190, No. 3.

This article addressed the shortage of nurses, the steps some states have taken to reduce the nurse to student ratio, and various states' standards. Budget shortfalls and the resulting legislation to address this issue were presented. Each state has the option to propose solutions to the nurse shortage. Comprehensive school health programs have included medical issues.

Blanc, P.D., Kuschner, W.G., Katz, P.P., Smith, S. & Yelin, E.H. (December 1997). Use of herbal products, coffee or black tea, and over-the-counter medications as self-treatments among adults with asthma. *The Journal of Allergy and Clinical Immunology*. 100, 6: 789-791.

Bismarck Public School District. (2004). *Medication administration handbook*. Bismarck: Bismarck Public Schools.

Bradford, B., Heald, P., & Petrie, S. (1994). Health services for special needs children in Pennsylvania schools. *The Journal of School Health*, 64, 258-60.

A statewide survey examined the number and kind of special needs children in the regular school setting in Pennsylvania, as well as personnel, programs, policies, and resources available to support these children. More chronically ill children were entering

the regular school setting, requiring that schools be more prepared to handle these students.

Bradley, C., Riaz, A., Tobias, R., Kenkre, J. & Dassu, D. (1998). Patient attitudes to over-the-counter drugs and possible professional responses to self-medication. *Family Practice, 15, 1*: 44-50.

Brener, N., Burstein, G., DuShaw, M., Vernon, M., Wheeler, L., & Robinson, J. (2001). Health services: Results from the School Health Policies and Programs Study 2000. *The Journal of School Health, 71*, 294-304.

This article reported the results of the School Health Policies and Programs Study, conducted in 2000. Data was from all 50 states and included information on a variety of school health services issues.

Briggs, Bill (1996). One school wrote own book. *Denver Post*.

Briggs, Bill (March 14, 1996). Quick training session could ease school-medicine crisis. *Denver Post*. Living Section: E-02.

Suffering a shortage of school nurses, Colorado was looking for creative and cost-effective ways to ensure safe medication administration. Many different kinds of unlicensed assistive personnel (UAPs) were being used, some delegated by school nurses and some by principals, in violation of the Colorado Nurse Practice Act. The Colorado Board of Nursing was considering further training—in the form of a one-day academic seminar provided by the state—for those UAPs who administer medications.

Briggs, Bill (1996). Schools skirt medication laws. *Denver Post*. A Section; Pg. A-01.

Schools in Denver cut nursing hours to save the district money or shift the monies to direct education. This forced unlicensed personnel to perform nursing tasks. Schools and the Colorado State Board of Nursing knew this was against the law, but no one was taking any steps at that time (1996) to change things. Delegation to dispense medication was often done by the principal rather than a school nurse.

*Bringing medications to school.* (2003). *Wellspring Newsletter*, 1-3.

Brink, S. (1998, November 23). Doing Ritalin right. *U.S. News & World Report*, 76-81.

This magazine article explained attention deficit hyperactivity disorder (ADHD), medications used to treat it, and results of a long-awaited study by the National Institute of Mental Health. The study showed that drugs like Ritalin calm kids down even better than previously through—as long as the children continue taking them. But there was not proof that in the long run the drugs help kids get better grades or build better lives. This study provided stronger evidence than ever that medication can shift troubled kids to a

better track. But it echoed the frustrating finding of earlier studies that a little yellow pill is not enough, by itself, to keep them there.

Brown, D.L. (1991). Teen Punished For Carrying Allergy Pills; Virginia School Prescribes Drug Abuse Program. *Washington Post*. Metro Section, C1.

Brown, J. (3-20-2001). Doctors' group calls for guidelines for antibiotic prescriptions. Associated Press.

Brown, R. & Sawyer, M. (1998). *Medications for school-age children*. New York: The Guilford Press.

Brody, J. (February 6, 2003). Personal health: Buyer beware the unregulated herb. *New York Times*. Retrieved February 6, 2003, from <http://www.startribune.com/stories/1556/3632667.html>.

Burcum, J. (March 4, 2003). Holistic clinics blend traditional and alternative approaches. *Star Tribune*. Retrieved March 5, 200, from [http://www.startribune.com/viewers/story.php?template=print\\_a&sto...](http://www.startribune.com/viewers/story.php?template=print_a&sto...)

Burnsville/Eagan/Savage School district #191, Office of Health Services. (2004). School/provider communication record, medication/treatment authorization form. Burnsville, MN: Author.

Burt, C., Beetem, N., Iverson, C., Hertel, V., & Peters, D. (October 1996). Preliminary Development of the School Health Intensity Rating Scale. *Journal of School Health*. 66, 8: 286-290.

Cady, R. (March/April 2002). Are There Legal Issues of Concern for Nurses When Patients Use Complimentary and Alternative Medicine? *MCN, The American Journal of Maternal Child Nursing*, 27, 2: 119.

Calabrese, B., Nanda, J., Huss, K., Winkelstein, M., Quartey, R., & Rand, C. (1999). Asthma knowledge, roles, functions, and educational needs of school nurses. *The Journal of School Health*, 69, 233-238.

This article described a qualitative research study done with school nurses in Maryland and the District of Columbia to determine their skills, functions, and needs related to asthma management with students. The study identified problems with time available for school nurses (they spend more time and effort being reactive than proactive). School nurses also did not communicate consistently with students, staff, parents, and health care providers about health needs of students with asthma.

*Care of Children with Diabetes in the School and Day Care Setting*. (2002). *Diabetes Care, Supplement 1* 25, S122-S126.

The purpose of this position statement was to provide recommendations for management of children's diabetes in the school and day care setting. The general guidelines covered include a health care plan, responsibilities of the various care providers, expectations of the student in diabetic care, and monitoring blood glucose in the classroom. It concluded with background information on diabetes for school personnel.

Caruso, D.B. (February 4, 2003). Study recommends limits for herb linked to deaths. *Associated Press*. Retrieved February 4, 2003, from <http://www.startribune.com/stories/484/3630890.html>.

Carter, R. (January 29, 1999). Nurses say their role is changing: Responsibilities broadened by poverty, more kids on medication, families with health care affiliations. *The Atlantic Journal and Constitution*.

Center for the Future of Children. (Winter 1997). *The Future of Children. Financing Schools*. 7, 3. The David and Lucile Packard Foundation.

CD-ROM Based Training Preparation for Administering Meds to Schoolchildren. (2003). Synchrony Solutions, LLC. Retrieved January 24, 2005 from, [http://www.training-classes.com/course\\_hierarchy1course...](http://www.training-classes.com/course_hierarchy1course...)

According to the authors, this research plan was for the development and implementation of a comprehensive multimedia training program that would be available to schools on a national level and could help to reduce the medication error rate when medications are administered by unlicensed assistive personnel (UAPs). During Phase 1 research, the authors sought to show that the training and support needs of school nurses and the UAPs delegated the responsibility for administering medications to school children could be met through this program. The proposed research would involve focus groups with school nurses and UAPs and developing and test training modules for UAPs and for school nurses.

Center for Mental Health in Schools at UCLA. (2003). *A resource and packet on students and psychotropic medication: The school's role*. Los Angeles, CA: Author.

Centers for Disease Control and Prevention. (2002). *Strategies for addressing asthma within a coordinated school health program*. Atlanta: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention Division of Adolescent and School Health. (2000). Fact Sheet: Health services. *Centers for Disease Control School Health Policies and Programs Study (SHPPS) 2000*. Atlanta: Centers for Disease Control and Prevention.

This national survey assessed school health programs and policies at the state, district, and school level. While the article gave statistics on medical staff members in schools, HIV/AIDS policies, school health centers, and screening and prevention services, the key statistics were those about administering medications in schools. Faculty and staff members were allowed to administer prescription drugs 92-97% of the time and students

were allowed to self-medicate 83-93% of the time (specifically, 68% with inhalers, 42% with insulin, 34% with epinephrine, 20% other medications, and 20% with over-the-counter medications).

Chambers C., Reid, J., McGrath, P., & Finley, G. (1997). Self-administration of over-the-counter medication for pain among adolescents. *Archives of Pediatric and Adolescent Medicine*, 151, 449-455.

This study published in May 1997 included 651 junior high (seventh-ninth grade) students from three public schools in Halifax, Nova Scotia. Students were asked to answer questions regarding use of over-the-counter (OTC) medications for pain in the previous three-month period. Questions were about the type of pain, type of OTC analgesics, frequency of use, source of OTC medications, and decisions on self-administration. The report noted study flaws including Canada vs. North America and forgetting and bias due to retrospective self-reporting.

*Chapter 67-11-14: Certificate of Completion for Paraprofessionals.* (n.d.). Retrieved August 16, 2002, from <http://www.state.nd.us/lr/information/acdata/pdf/67-11-14.pdf>.

Cheek, J. (1997). Nurses and the administration of medications: Broadening the focus. *Clinical Nursing Research*, 6, 253-74.

In an attempt to broaden the focus of the discussion about nurses and medication administration, this study used Critical Incident Technique (C.I.T.) to identify registered nurses' perceptions of factors affecting the quality administration of medications in their practice setting. Five categories of themes emerged as having an impact on nurses and the administration of medications: the context, the procedures, the groups of professionals involved, the personal attributes of individual staff members, and the client. The author concluded that research indicated that simply to focus on drug errors and individual nurses when exploring the role of the nurse in quality administration of medications was too narrow an approach. The administration of medications occurs in specific contexts, aspects of which have an impact on the way in which medications are administered. This Australian study supported Gill and Blight's (1995) assertion of the need for more broadly focused studies about aspects of medication administration.

*Children, insulin pens and self-injection at school.* (1996). *Professional Care of Mother & Child* 6, 158-160.

This article summarized a small British survey of 10-16-year-old students self-injecting insulin at school every day at lunchtime. All students responding carried their own insulin pens while at school. The researchers were interested in learning whether there was dissatisfaction at the students' self-injecting or the location of injecting or of supervision of the students. They found that the students and staff were unanimously pleased with the arrangements. Supervision was not needed.

Childs, M. (2002, January 29). UGA education researchers say study suggests teachers should be trained to manage students with asthma. *The University of Georgia - News Bureau*.

Seventy-eight percent of elementary teachers in this study felt unprepared to teach students with asthma. Studies also indicated a lack of adequate ratio of school nurses to students. Only three states complied with the recommended ratio of 1 nurse per 750 students, thereby placing part of the burden on those same teachers to assist in caring for chronically ill children.

The article also discussed the alarming rate at which children are being diagnosed with asthma and the increasing death rate among asthmatics. The researchers recommended that teachers be educated and responsible for student asthma management.

Chiodini, J. (October 2001). Best practice in vaccine administration. *Nursing Standard*, 16, 7: 35-38.

Chow, E.L. & Cherry J. D. (December 2003). Reassessing Reye Syndrome. *Archives of Pediatric Adolescent Medicine*. 157:www.archpediatrics.com.

Christian, L. (1999). Direct service staff and their perceptions of psychotropic medication in non-institutional settings for people with intellectual disability. *Journal of Intellectual Disability Research*, 43, 88-93.

The purpose of this study was to collect the views of direct service staff on their perceptions, knowledge, and opinions on the use of psychotropic medications in non-institutional settings for people with developmental disabilities. Job coaches, residential aides, and community support staff were surveyed using a 39-item questionnaire. The majority of respondents reported that they had not received adequate training in the area of drug treatment. The knowledge and skills deficits of direct service staff presented a significant barrier to appropriate monitoring and management of pharmacotherapy for individuals with developmental disabilities.

*Class specifications for noncertified public school employees*. (2001). Raleigh: Public Schools of North Carolina, State Board of Education, & Department of Public Instruction.

*A closer look: A report of select findings from the National School Health Survey 1993-1994*. (1995). Denver: Office of School Health, University of Colorado Health Sciences Center.

*Code of Virginia: Nursing, Chapter 30 of Title 54.1*. (n.d.). Retrieved July 26, 2004, from [http://www.pen.k12.va.us/VDOE/Instruction/Health/sniplinks\\_va.htm](http://www.pen.k12.va.us/VDOE/Instruction/Health/sniplinks_va.htm).

Cohen, M.R. (January 1999). Medication errors. *Nursing*. Retrieved June 11, 2002, from <http://www.findarticles.com>.

Cohen, M.R. (September 2000). Medication errors. *Nursing*. Retrieved June 11, 2002, from <http://www.findarticles.com>.

- Cohen, M.R. (June 2001). Medication errors. *Nursing*. Retrieved June 11, 2002, from <http://www.findarticles.com>.
- Colorado Department of Education, Exceptional Student Services Unit. (2003). *Medication administration in the school setting: guidelines*. Denver, CO: Author.
- Colorado Nurse Practice Act, Title 12, Professions and Occupations, Article 38*. (n.d.). Denver: Department of Regulatory Agencies.
- Colorado Rules and Regulations Regarding the Delegation of Nursing Tasks Chapter XIII, Sections 1-9*. (n.d.). Denver: Department of Regulatory Agencies.
- Colorado State Board of Nursing. (1997). *Medication administration: An instructional program for teaching unlicensed personnel to give medication in school and out-of-home child care settings*. Denver: Colorado State Board of Nursing.
- Committee on Pediatric Emergency Medicine. (1999). Emergency preparedness for children with special health care needs. *Pediatrics*, 104(4), 53-58.
- The Commonwealth of Massachusetts. (n.d.). *Guidelines for the storage and administration of medications in camps*. Retrieved August 15, 2002, from <http://www.mass.gov/dph/dcs/pdfs/dcsguidelines.pdf>.
- The Commonwealth of Massachusetts. Executive Office of Health and Human Services. Department of Public Health, Bureau of Family and Community Health, School Health Unit. (1995). *The comprehensive school health guide*. Boston, MA: Author.
- Complaint investigation summary, complaint number 2012.03*. (2002). Indianapolis: Indiana Department of Education.
- Complaint investigation summary, complaint number 1955.02*. (2002). Indianapolis: Indiana Department of Education.
- Complaint investigation summary, complaint number 1920.02*. (2002). Indianapolis: Indiana Department of Education.
- Complaint investigation summary, complaint number 1573*. (2000). Indianapolis: Indiana Department of Education.
- Comprehensive health education standards*. (n.d.). Retrieved July 21, 2004, from <http://www.ade.az.gov/standards/health/CompStd2.asp>.
- Connecticut Department of Health public health code: School nurses and nurse practitioners*. (n.d.). Retrieved December 6, 2004, from [http://www.dph.state.ct.us/phc/docs/3\\_School\\_Nurses\\_and\\_Nurse\\_P.doc](http://www.dph.state.ct.us/phc/docs/3_School_Nurses_and_Nurse_P.doc).

*Connecticut Department of Mental Retardation Nursing Standard*. (1997). Retrieved August 21, 2002, from [http://www.dmr.state.ct.us/publications/centralofc/hcs\\_ns97-1.htm](http://www.dmr.state.ct.us/publications/centralofc/hcs_ns97-1.htm).

Connecticut Forbids Teachers to Recommend Psychotropic Drugs for Children. (July 26, 2001). *Reuters Health*. New York. Retrieved July 30, 2001, from <http://pediatrics.medscape.com/reuters/prof/2001/07/07.27/20010726leg1001.html>.

Costante, C. Asthma: Promoting Best Practice in the School Setting. (March 2000). *NASN Newsletter*.

Cooper, E. (2000). Guidelines for the use of OTC medications in the high school setting. *Athletic Therapy Today*, 5, 52-56.

This article examined the legal liabilities of distributing over-the-counter (OTC) medications to high-school athletes. It explained the legal liability the athletic trainer as dispenser of OTC medications has; documentations needed; written protocols to be used when medications are dispensed; and medical knowledge needed regarding each drug dispensed. Athletic trainers and/or therapists administering OTCs must adhere to legal requirements of the state, as well as school board policies, including documentation, which is especially helpful in the case of litigation.

Costante, C. (2002). Healthy learners: The link between health and student achievement. *American School Board Journal*, 1-3.

The focus of this article was how a healthy child learns better. It did go into detail about why we need nurses in schools and what school nurses can do to promote a healthy student (physically and mentally), but did not look specifically at medications in schools. It also talked about financial/cost-effective health services.

*Cough syrups ordered off the market*. (February 27, 2003). Associated Press. Retrieved March 2, 2003, from <http://www.msnbc.com/news/878225.asp>.

Coyle, P. (July 30, 1994). Nurses want more regulation on school medication plan. *The Times – Picayune*. Metro Section, B4.

Cramer, B. (June 28, 1996). Panel backs new rules on medication in schools. *Milwaukee Sentinel*, Section: Waukesha, 2.

Who is responsible for giving non-regulated medications, such as dietary supplements and alternative medicines, to children was talked about in the article. The headline focused on a new medication rule at the school, but half of the article discussed budget issues. The new policy would encourage the parents to give non-regulated medications at home. If the parents felt the medication was needed, the policy also encouraged them to consult their physician on dosage and necessity. Administration during the school hours would be by school physician or nurse. This policy appeared to be a limited occurrence in this school district, which was accepted by the parents that it covered.

Cummins, C. (1997). Schools study using photos in medicine distribution. *Denver Rocky Mountain News*.

Following medication errors, the Colorado Health Department and Boulder School Board met to begin reviewing laws on administration. Within a six-week period, four students received the wrong medications resulting in one hospitalization. Concluding that photo identification would have prevented the mix-ups, policy makers decided to require photo identification for those students needing medication administration during the school day. Colorado law required that physicians and parents sign prescriptions and only a school nurse or trained staff members administer medications in the school setting.

Daley, B. (January 7, 1999). Schools eye new health regimen: Plan would let staff dispense medicine. *Boston Globe*, Metro/Region; B1.

Boston faced increasing numbers of students who require medications during the school day. There simply were not enough nurses or nursing hours to administer medication to 7,000 students. Many schools were applying for approval from the State Department of Health to use unlicensed persons for this task. Nurses argued that the schools were trying to save money, but nurses were trained to know what to look for (assessment) and the safety of students was being compromised. School officials said it was to lighten the nurses' load to do other skilled activities.

Day, P. (2000). School nurses and contraception. *Nursing Times*, 96, 39-40.

The article written by Patricia Day promoted use of emergency contraception as helpful in reducing unwanted pregnancies, as well as helpful in educating young people regarding sexual issues. She supported the school setting, as appropriate, convenient, and ideal in students accessing preventative care for contraceptive services. Her article challenged health professionals to expand the role of school nurses to include contraceptive services and counseling.

Dean, B. & Barber N. (2001). Validity and Reliability of Observational Methods for Studying Medication Administration Errors. *American Journal of Health-System Pharmacists*, 58(1): 54-59.

*Delaware Health and Safety Manual*. Delaware Department of Education. Retrieved from <http://www.doe.state.de.us/policy/regs%5Fmanual/800file.htm>.

*Delegation of School Health Services to Unlicensed Assistive Personnel. A Position Paper of the National Association of State School Nurse Consultants*. (April 1995). *Journal of School Nursing*. 11,2: 17-19.

*Delegation to unlicensed assistive personnel*. (1998). Boise: Idaho State Board of Nursing.

*Delegation to and supervision of unlicensed assistive personnel*. (2000). Retrieved August 15, 2002, from <http://pr.mo.gov/boards/nursing/Delegation.pdf>.

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Delisio, E. (2001). Schools are targets for prescription thieves. *Education World: School Issues Article*.

Because reports of abuse of the prescription drug Ritalin were increasing and schools were one of the primary distributors of the medication, administrators were taking more steps to safeguard prescriptions. Included in the article were recommendations for handling, storing, and dispensing prescriptions in schools.

Dengler, R. & Roberts H. (1996). Adolescents' use of prescribed drugs and over-the-counter preparations. *Journal of Public Health Medicine*, 18, 4: 437-442.

Department of Education Tasmania. (April 8, 2002). *Attachment 8 - The Administration of Medication*. Retrieved June 20, 2002 from, <http://www.education.tas.gov.au/equitystandards/drug-ed/tasguide/attach8.htm>.

Devaney, B., Schochet, P., Thornton, C., Fasciano, N., & Gavin, A. (1997). Evaluating the effects of school health interventions on school performance. *School Health Resource Services*, 1-4.

This article provided a very general framework for evaluating the effects of health programs on education outcomes (no health outcomes as usually done). It discussed performance outcomes, data collection, and evaluation designs. It mentioned good databases to augment data collected from schools and discussed control groups and treatment groups (getting health inputs). The authors stated that school performance can be detected in three progressive categories: school behavior/attitudes, short-term education outcomes, and long-term education outcomes.

Dieterich, C. (1995). Health related services under IDEA that are medical in nature. *West's Education Law Reporter*, 100, 831-40.

*Dispense medications with dose of caution: with few or no school nurses, districts add this burden to staff members, risk liability if mistake occurs.* (1999). *School Violence Alert*, 5.

This news brief used an Ohio example to show how much school staff time goes into dispensing student medication and how varied reactions to students can be when they don't follow school medication policies; a Florida example focused on giving secretaries two hours of training on dispensing medications. The article advised that school districts do what they can to prevent the possibility of medication error and design policies that are reasonable, state specific safeguards, address medication storage and security, and state who is allowed to dispense medication.

District of Columbia Department of Health. (1999). *Municipal nursing regulations*. Washington, D.C.: District of Columbia Department of Health.

*District Not Required To Administer Medication.* (1997). *Managing School Business, 1.*

The Court of Appeals ruled that parents of an elementary-school student were not entitled to an injunction requiring the school to administer the student's medication. The school's refusal came when the nurse determined the student's dosage of medication for attention deficit hyperactivity disorder (ADHD) was in excess of the recommended daily dosage. The parents filed suit, saying this was a violation of the Americans with Disabilities Act and 42 U.S.C., Rehabilitation Act. The court denied the suit as the school was not refusing to administer the medication based on disability, but on the basis of policy that prohibited administration of medication in excess of the recommended daily dose. The parents failed to show any violation of due process or interference with right to determine care of a student.

Division of Women & Children's Services. (1995-96). *South Carolina school health nurse survey.* Columbia: South Carolina Department of Health & Environmental Control.

Dockrell, T. & Leever, J. (2000). Pharmacology: An overview of herbal medications with implications for the school nurse. *Journal of School Nursing, 16,* 53-8.

The administration of over-the-counter medications, including herbal medications, was on the rise and the medications were widely diversified. This article included details on various herbal medications and benefits and risks.

The manufacturers do not need to obtain FDA approval before marketing their products. People taking them need to be monitored for interactions with other herbal medications, prescription medications, or foods. There were no guidelines for the size of the person taking them or allergies.

Where the school nurse fits in is open to the opinion of individuals and their families. Guidelines were uncertain where the school stands on these issues.

Doctors Overuse Antibiotics In Children. (1998). *The Journal of the American Medical Association. 279:* 875-877, 881-882.

Dowshen, S. (2001). Over-the-Counter Cough and Cold Medicines May Be Toxic to Your Child. *KidsHealth.* Retrieved November 14, 2002 from <http://www.healthinschools.org/parents/medication.htm>.

Drug-Tough School Suspends Student For Sharing Tylenol. (March 1, 1992). *New York Times.* Dateline: Hamilton, Ohio.

Edina Public Schools, Health Services. (June 2004). *Administration of medication during the school day.* Edina, MN: Author.

Education Commission of the States. (2001). *Identifying the factors, conditions, and policies that support schools' use of data for decision-making and school improvement: Summary of findings*. Denver: Education Commission of the States.

*Emergency guidelines for schools*. (n.d.). Bismarck: North Dakota Department of Health.

*Enhanced school health services*. (n.d.). Baltimore: Maryland Department of Public Health, Family and Community Health.

Environment and Human Health, Inc. (2000). *A survey of the prevalence of asthma among school age children in Connecticut*. North Haven: Environment and Human Health, Inc.

*Essential school health services guidelines*. (1999). Denver: Colorado Department of Education.

*Experts urge more vigilance when staff provide medications for treating ADHD*. (February 16, 2001). *The Special Educator*, 16, 13.

A University of Iowa study found serious problems in the procedures schools use to administer medications to students with attention deficit hyperactivity disorder (ADHD). Fifty percent of school nurses surveyed have reported medication errors, primarily missed doses. These errors occurred even when the school nurse had access to written guidelines. Schools should be very concerned and correct this problem. The Individuals with Disabilities Education Act (IDEA) states that all areas related to children must be staffed by quality personnel.

*Excerpts from the medical practice act of the Code of Virginia relating to nursing*. (2004). Retrieved July 26, 2004, from [http://www.dhp.state.va.us/nursing/nursing\\_laws\\_regs.htm](http://www.dhp.state.va.us/nursing/nursing_laws_regs.htm).

*FDA lays plans to reduce Rx errors*. (2002, January 21). *Drug Store News*.

The Food and Drug Administration developed a seven-point plan to cut down on errors in dispensing prescription and over-the-counter medications. This involved guidance about format and content of labeling to minimize mix-ups between similarly named drugs (e.g., Flomax and Volmax).

Faist, A.B. (October 1992). Medication administration in Illinois schools. *Chart*, 89, 8: 7-8. Illinois Nurses Association.

Falkowski, C.L. (Winter 2003). The rising trend of prescription drug abuse. *Hazeldon Voice*, 8, 1: 10.

*A few perspectives on unlicensed assistive personnel*. (1999). Retrieved August 15, 2002, from <http://pr.mo.gov/boards/nursing/AFewPerspectives.pdf>.

Florida Department of Health. (n.d.). *School health: Legislative authority*. Retrieved August 15, 2002, from <http://www.doh.state.fl.us/Family/school/legislative/legislative.html>.

Florida Department of Juvenile Justice. (1998). *Health services manual*. Retrieved August 15, 2002, from [http://www.djj.state.fl.us/DJJServices/Administration/manuals/health/health-services\\_manual\\_toc.html](http://www.djj.state.fl.us/DJJServices/Administration/manuals/health/health-services_manual_toc.html).

Foley, M. (December 13, 1999). Testimony of the ANA before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies Committee on Appropriations United States Senate: On patient safety and medical errors. *American Nurses Association*. Retrieved from <http://www.nursingworld.org/gova/federal/legis/tesstimon/1999/iom.htm>.

Medical errors have an extremely high cost in human lives. The numbers of related deaths are staggering. The American Nurses Association (ANA) testimony regarding patient safety and medical errors established these points: (1) the majority of medical errors did not result from individual recklessness, but from basic flaws in health system organization, (2) nursing practice responsibility had expanded, but nurses' autonomy and decision making were increasingly constrained, (3) health care institutions were fostering a culture of individual "blame" rather than systems analysis, and (4) appropriate staffing patterns were critical to patient safety, but were ignored routinely, even by the IOM report on this subject.

Fontana, S.A., Devine, E.C., and Kelber, S.K. (January 2000). Nurse Practitioner Student Prescriptive Patterns. *Journal of the American Academy of Nurse Practitioners*. 12, 1: 3-10.

Foushee, B. (April 14, 1995). Schools examine medicine policy. *Tampa Tribune*, Section: Polk, 1.

This press release written in 1995 focused on the need for students to have doctor's permission to bring over-the-counter (OTC) medicines on campus. At the time this was written, there was a school board proposal to require doctor's orders for such action. The article also addressed who administers the medication, how it varied from health clinic aides to secretaries, and concern about the high percentage of students (70%) who used Ritalin. There were many policy topics touched on, but not explored, such as liability, illegal narcotics, and policies not followed.

Francis, E., Hemmat, J., Treloar, D., & Yarandi, H. (1996). Who dispenses pharmaceuticals to children at school? *Journal of School Health*, 66, 355-8.

This survey was conducted for a week in one Florida county to determine how many and what kinds of drugs were being dispensed to school-age children on a daily basis. In the public school, medication was administered to 3.5%, or 931 children. Twenty percent of children in the school for developmentally delayed received medication while 56% of children in the school for emotional/discipline problems received medication.

Most medications were given by non-health professionals assigned by school principals. Many drugs have potentially significant side effects, but the individual giving them had little or no knowledge of this. A comprehensive medication policy to provide training would offer protection and safety for both students and school.

Gadomski, A. (October 5, 1994). Editorial: Rational Use of Over-the Counter Medications in Young Children. *Journal of the American Medical Association*. 272, 13: 1063-1064.

Gallagher, T.H., Waterman, A.D., Ebers, A.G., Fraser, V.J., & Levinson, W. (February 26, 2003). *Journal of the American Medical Association*. 289, 8: 1001-1007.

Gau, B., Horner, S., Chang, S., & Chen, Y. (2002). Asthma management efficacy of school nurses in Taiwan. *International Journal of Nursing Studies*, 39, 279-285.

This article described a small study designed to test the reliability of the Asthma Management Efficacy Scale (AMES) when used with school nurses. This scale was based on the Asthma Management Scale (AMS), which was originally designed for parents of children with asthma. Four main domains are identified in the AMES: (1) identifying a child's asthma pattern, (2) performing asthma management steps at school, (3) providing appropriate medications; and (4) monitoring peak expiratory flow rates before and after treatments. Surveys of 60 school nurses in Taiwan found that nurses who had longer time in service and more experience with the peak flow meters had significantly higher efficacy scores on total AMES.

Garcia, J., Krankowski, T. & Jones, L. (October 1998). Collaborative Interventions for Assisting Students with Acquired Brain Injuries in School. *American School Counselor Association, Professional School Counseling 2:1*, 33-38.

Georgia Department of Education. (2001). *School health nurse resource manual*. Atlanta: Georgia Department of Education.

*Giving Medications at School*. (1996). *School Health Alert Newsletter*.

This article reviewed and suggested protocols for administration of medication at school. It was written in 1996, so no reference to any newer information was given. Increasing numbers of children received medication in school every day. Policies varied widely across schools, but suggestions for charting and safeguards were given. The article briefly mentioned standing orders for epinephrine.

Glazer, G. (September 28, 2001). Nursing Interventions Revisited. *Nursing World*. Retrieved October 16, 2001, from [http://www.nursingworld.org/ojin/tpclg/leg\\_11.htm](http://www.nursingworld.org/ojin/tpclg/leg_11.htm).

Glazer, G. (June 23, 2000). What Makes Something A Nursing Activity or Task? *Nursing World: OJIN: Legislative Column*. Retrieved October 16, 2001, from [http://www.nursingworld.org/ojin/tpclg/leg\\_9.htm](http://www.nursingworld.org/ojin/tpclg/leg_9.htm).

Glusberg, A. & Glusberg, M. (1998). *Parent Involvement in Comprehensive School Health Programs: Survey Results*. Chicago: National Parent Teacher Association.

Goldberg, E. (1990). School epi-pen policy that saves lives. [School Nursing Practice: Background Reading - Handout]. *HealthyKids: The Key to Basics*, Educational Planning for Students with Chronic Health Conditions. Newton, MA.

School staff members frequently experience helplessness and frustration because they have been advised that handling, administering, or even supervising students who are self-administering their medication is outside their contract duties. Members of the public school system in Quincy, Massachusetts, were concerned about students who were at risk for anaphylaxis, a potentially fatal allergic reaction to bee stings or food. They took it upon themselves to create a safer environment for students by training all staff in the recognition of an allergic reaction and the proper administration of the Epi-pen™. They were able to do this with the cooperation of the families and staff members. The school administration signed memoranda of understanding with the teacher's association and custodian's union in October 1989, making Epi-pen™ use a specific job duty and responsibility within the scope of employment with all staff members.

Goodmann, I. & Sheetz, A. (2000). *The comprehensive school health manual of Massachusetts*. Concord: Massachusetts Department of Education.

*Government Report Downplays Stimulant Abuse in Schools*. (2001). Reuters Medical News.

This editorial was critical of a government report about the use/misuse of stimulant drugs for attention deficit hyperactivity disorder/attention deficit disorder (ADHD/ADD). There have been drastic increases in the use of stimulants to treat ADHD. The author felt key factors were not considered, such as only 60% of schools have nurses nationwide and only about half of the states require written parental permission before dispensing medications. Six out of 10 schools used nurses to distribute medications to children.

Some lawmakers were concerned that physicians, parents, and schools were using medications to treat complex social problems.

Graff, J. & Ault, M. (1993). Guidelines for working with students having special health care needs. *Journal of School Health* 63, 335-338.

The article described some issues in meeting the needs of students with chronic, frequently complex health issues. It discussed the importance of staying up-to-date on the latest procedures and policies, individualized health plans (IEPs), and the roles of staff members and parents in facilitating a successful inclusive educational experience. Parents play a vital role as "experts" regarding their special needs children. Recommendations included board policy on communicating health care issues and ensuring appropriate training for staff members who are implementing aspects of health plans.

Gray, D., Reisweg, J., & Golden, M. (1991). Diabetes care in schools: Benefits and pitfalls of Public Law 94-142. *Diabetes Educator*, 17, 33-6.

This article discussed Public Law 94-142 as it relates to students with insulin-dependent diabetes mellitus (IDDM). Blood glucose monitoring was given as a specific example. Some schools did not accommodate because of a lack of funds for school nurses, or lack of agreement about the applicability of Public Law 94-142, or the issue of liability. Indiana's legal code was given as an example of a model that minimizes barriers to these services at school.

Gregory, E. (February 2000). Empowering Students on Medication for Asthma to be Active Participants in their Care: An Exploratory Study. *Journal of School Nursing*, 16, 1: 20-27.

*The Growth in Dispensing Errors and Its Effects*. (n.d.). KirbyLester Incorporated. Retrieved September 7, 1999, from <http://www.kirbylester.com/disperr.html>.

*Guide to developing and evaluating medicine education programs and materials for children and adolescents*. (October 5, 1998). The United States Pharmacopoeia Convention, Inc.

The U.S. Pharmacopoeia (USP) formed an Ad Hoc Advisory Panel on Children and Medicines. Members of the panel found that children needed, wanted, and deserved to have information about medicines, few medicine education programs were evaluated, and they have not been based on what children want to know.

The panel developed 10 Guiding Principles for Teaching Children and Adolescents about Medicines. The principles were intended to encourage activities to help children become active participants in the process of using medicines to the best of their ability.

The four-part guide could be used to assess existing children's and adolescents' medicine education programs and materials or develop or revise such programs and materials. It presented the principles that provide the rationale for and guide activities and programs designed to help children develop into competent medicine users. It provided instructions, a checklist, and forms for evaluating existing medicine education programs and materials.

*Guidelines and Procedures for Meeting the Specialized Physical Healthcare Needs of Pupils*. (1990). Sacramento: California Department of Education.

*Guidelines for the delineation of roles and responsibilities for the safe delivery of specialized health care in the educational setting*. (1990). Reston: ERIC Clearinghouse on Handicapped and Gifted Children.

*Guidelines for the Diagnosis and Management of Asthma – Update on Selected Topics 2002*. (June 2002). Maryland: NHLBI Health Information Network NIH Publication # 02-5075.

- Guidelines for the nurse in the school setting.* (2004). Chicago: Illinois Emergency Medical Services for Children.
- Guidelines for School Health Programs to be Developed. (Summer 2000). *Health, Mental Health, and Safety in Schools: FOCUS*. School Health Resources for Pediatricians. Retrieved May 10, 2004, from <http://www.schoolhealth.org/hmhs.htm>.
- Guidelines for school nurses on confidentiality of school health information.* (2002). Retrieved December 6, 2004, from [http://www.maineeshp.com/school\\_counseling/SHAC/DocumentationGuidelines.pdf](http://www.maineeshp.com/school_counseling/SHAC/DocumentationGuidelines.pdf).
- Guttu, M. (2004). *School Health Needs: The Special Provision: School Nurse Services, Executive Summary*. North Carolina, Washington Regional Office.
- Hansen, A. (1996). *Memorandum: Medications in school*. Lansing: State of Michigan, Department of Education.
- Hanson, C., Randolfi, E., & Olson-Johnson, V. (2002). *Taking risks: The provision of school health services by school secretaries in a rural state*. Retrieved July 26, 2004, from <http://www.aahperd.org/iejhe/>.
- Hansen, D. (1994). *Nursing practice concern*. Minneapolis: Minnesota Nurses Association.
- Haas, M.K. (1994). *Volume I. The School Nurse's Source Book of Individualized Healthcare Plans. Issues and Applications in School Nursing Practice*. Sunrise River Press. North Branch, MN.
- Hawaii Administrative Rules Title 16 Department of Commerce and Consumer Affairs Chapter 89: Nurses.* (n.d.). Retrieved August 21, 2002 from, [http://www.hawaii.gov/dcca/pdf/har\\_89-c.pdf](http://www.hawaii.gov/dcca/pdf/har_89-c.pdf).
- Hawaii State Department of Education, Mokulele Elementary. (n.d.). *Parent handbook: Attendance and registration*. Retrieved August 20, 2002, from <http://power2.k12.hi.us/index.cfm?section=geninfo3707>.
- Health in Schools. (June 2003). The impact of FERPA and HIPAA on privacy protections for health information at school: Questions from readers, *Health and Health Care in Schools: A Report on the Policies, Politics and Financing of Health Programming in Schools*. 4,4. Retrieved from <http://www.healthinschools.org/ejournal/2003/privacy.htm>.
- Health Occupations Article Title 7, The Maryland Nurse Practice Act.* (n.d.). Baltimore: Maryland Board of Nursing.

*Healthy children, successful students: Comprehensive school health programs.* (n.d.). Retrieved November 23, 2004, from [http://www.pta.org/parentinvolvement/healthsafety/hs\\_healthprogram.asp](http://www.pta.org/parentinvolvement/healthsafety/hs_healthprogram.asp).

Healthy Community/School Based Services and Rochester Catholic Schools. (2004). *Over-the-counter, medication authorization of administration of medication.* Rochester, MN: Author.

Healthy Community/School Based Services and Rochester Catholic Schools. (2004). *Prescription medication, physician order for medication and parent/guardian authorization form.* Rochester, MN: Author.

Healthy Community/School Based Services and Rochester Catholic Schools. (2004). *Self-administration of medication authorization.* Rochester, MN: Author.

*Helping the Student with Diabetes Succeed: A Guide for School Personnel. Supplementary Materials for Implementation in Minnesota Schools.* (November 2002). School Nurse Organization of Minnesota.

*Herbal products: What's in the bottle?* (November 2002). *Child Health Alert*, 20: 1-2.

Hilton, L. (June 14, 2002). *New Guidelines Offer Nurses, Pharmacists Solutions for Pediatric Medication Errors.* Retrieved Jun 20, 2002, from <http://www.healthcarehub.com/News/Features/article.cfm?AID=201>.

Hogue, M. (1995). Seize the opportunity. *American Pharmacy*, NS35, 8, p. 3.

This article promoted pharmacists' involvement in a number of opportunities to: (1) oversee drugs administered at schools, and teach, (2) share information through case studies on current trends in pharmaceutical care and interactions between pharmacists and pharmacy students regarding experiences/innovative practice trends, and (3) create forums and meet with local pharmacist to share experiences. The mutual goal was to improve patients' health, not to be in competition with one another.

Holmgren, Nancy. (1999). *Guidelines for Assessing Competency of Medication Aids.* Omaha: HHS Regulation and Licensure Credentialing Division.

Hootman, J. (2000). Only the best will do for our children! *School Health Newsletter*.

Hootman, J. (1996). *Quality nursing interventions in the school setting: Procedures, models, and guidelines.* Scarborough: National Association of School Nurses. Inc.

Hootman, J., Schwab, N., Gelfman, M., Gregory, E., & Pohlman, J. (1999). Chapter 6: School nursing practice: Clinical performance issues. In *Medication Administration* (pp. 202-230). Legal Issues in School Health Services, North Branch, Minnesota: Sun Rise River Press.

Using standards of practice, the authors provided administrators and school nurses with excellent guidance and recommendations regarding medication administration in schools. This piece of literature thoroughly discusses liability issues, provides procedures for safety, and reviews use of all medications including prescription, over-the-counter, PRN, and homeopathic. School policies need to be made with legal mandates and professional standards of practice as the basis for development.

*Horizons in school health, Colorado survey of school health programs as reported by local school nurses and school nurse supervisors.* (n.d.). Denver: Office of School Health Programs, School of Nursing, University of Colorado Health Sciences Center.

Horswell, C. (November 7, 1996). Girl's parents fight pain of suspension over Advil; School officials to uphold punishment. *The Houston Chronicle*. Section A, 14.

Hurwitz, N. & Hurwitz, S. (August 2000). Student-friendly care: the case for school-based health centers. *American School Board Journal*. National School Boards Association, retrieved at <http://www.nsba.org/schoolhealth/articles/hurwitz.htm>.

Idaho Department of Health and Welfare. (n.d.). *Standards of care for direct care staff and allowable tasks/activities*. Boise: Idaho Department of Health and Welfare.

Idaho State Board of Education. (n.d.). *Standards for school nurses*. Retrieved August 21, 2002, from <http://www.sde.state.id.us/most/Nurses.htm>.

*Idaho Statutes, Title 54 Professions, Vocations, and Businesses Chapter 14 Nurses.* (n.d.). Retrieved July 26, 2004, from <http://www3.state.id.us/idstat/TOC/54014KTOC.html>.

*IDEA (Individuals with Disabilities Education Act) Special Education law.* Retrieved March 5, 2004 from <http://www.wadda-sr.org/idea.htr>.

Ignatavicius, D. (2000). Asking the right questions about medication safety. *Nursing*.

The article addressed learning how to ask the right questions to safeguard your practice as a nurse. All examples occurred within a medical setting with some specific directions to address medication administration for the elderly. The article summarized the five rights of medication administration (right patient, drug, dose, time, and route). It also guided the nurse to utilize others (i.e., pharmacist, other nurse, head nurse, physician) to validate medications and dosages and discuss possible problems. For a nurse in a hospital setting, the article would be a good refresher.

Igoe, J. (1990). *National guidelines for the administration of medications in schools*. Denver: University of Colorado Health Sciences Center.

This article identified the problems and issues associated with administration of medications in schools, including liability and fear of litigation. The report set forth several recommendations for eventually instituting a uniform medication policy for school systems throughout the country. The goal supported school nurses as managers of the process with trained paraprofessionals designated to dispense medications. The author suggested the responsibility for establishing practice standards are functions of the professional associations and organizations that represent the school and health professionals involved and therefore recommended the development of the model medication policy should become the responsibility of a quality assurance consortium of education and health groups that represent school health.

- Illinois Department of Human Services & Illinois State Board of Education. (2000). *Recommended guidelines for medication administration in schools*. Quincy, IL: Author.
- Incorporating Health-Related Indicators in Education Accountability Systems*. Council of Chief State School Officers.
- Indiana Code, IC 25-23-1, Licensing of Nurses* (n.d.). Indianapolis: Indiana State Board of Nursing.
- Indiana Code IC 34-30-14, Health Care: Immunity of Certain Persons Who Administer Medications to Pupils at Schools*. (n.d.). Retrieved July 26, 2004, from <http://www.in.gov/legislative/ic/code/title34/ar30/ch14.html>.
- Indiana Department of Education. (2000). *New student services rule 511 IAC 4-1.5*. Retrieved July 26, 2004, from <http://www.doe.state.in.us/sservices/pdf/StudSvcRuleHlthSvc.pdf>.
- Indiana Code Chapter 14. Health Care: Immunity of Certain Persons Who Administer Medications to Pupils at School*. (n.d.). Retrieved July 26, 2004, from <http://www.in.gov/legislative/ic/code/title34/ar30/ch14.html>.
- Indianapolis Public Schools. (n.d.). *Medication Guidelines*. Indianapolis: Indianapolis Public Schools.
- Individual education plans for students with disabilities: Fact sheet from the Minnesota Disability Law Center*. (2003). Retrieved November 30, 2004, from <http://www.lawhelp.org/documents/110121706.html?stateabbrev=MN/>.
- Injectable medication administration*. (n.d.). Retrieved July 26, 2004, from <http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/injectablemeds.pdf>.
- Institute for Safe Medication Practices. (August 2004). A medication error trifecta! *Medication Safety Alert! Nurse Advise-ERR*. 2,2: ISSN 1550-6304.
- Institute for Safe Medication Practices. *School Handling of Medication*. Retrieved March 13, 2003, from <http://www.ismp.org/consumer/school.html>.

These are recommendations for policy for handling and dispensing medications.

Institute for Safe Medication Practices. (January 24, 2000). *Discussion Paper on Adverse Event and Error Reporting in Healthcare*. Retrieved August 6, 2003, from <http://www.ismp.org/Pages/concept.html>.

Institute for Safe Medication Practices. (March 2004). *Medication Safety Alert! Intimidation: Practitioners speak up about this unresolved problem. Part I. 2,3.*

Institute for Safe Medication Practice. (2002). *Medication Safety Alert! It's time for a new model of accountability*. <http://www.ismp.org/pages/surv062801.html>.

Institute for Safe Medication Practices. (March 8, 2000). *Medication Safety Alert! A multidisciplinary team is essential to medication error reduction efforts*. Retrieved June 25, 2002, from <http://www.ismp.org/MSAarticles/multidis.html>.

Institute for Safe Medication Practices. (February 20, 2003). *Medication Safety Alert! It's time for standards to improve safety with electronic communication of medication orders*. Retrieved March 13, 2003, from <http://www.ismp.org/MSAarticles/ImprovePrint.htm>.

Institute for Safe Medication Practices. (June 12, 2002). *Medication Safety Alert! What's in a name? Ways to prevent dispensing errors linked to name confusion*. Retrieved March 2, 2003, from <http://www.ismp.org/MSAarticles.NamePrint.htm>.

Institute for Safe Medication Practices. (August 7, 2002). *Medication Safety Alert! Accidental childhood acetaminophen overdoses illustrate our responsibility to educate parents*. Retrieved March 2, 2003, from <http://www.ismp.org/MSAarticles/AccidentalPrint.htm>.

Institute for Safe Medication Practices. (June 6, 2002). *Pediatric Pharmacy Medication Safety Guidelines Seen as Important Step in Reducing Medication Errors. Pediatric Nurses Group Endorses Guidelines*. Retrieved March 2, 2003, from <http://www.ismp.org/PR/PediatricPharmacyGuidelines.htm>.

*Iowa Acts, Chapter 6, Nursing Practice for Registered Nurses/Licensed Practical Nurses 655—6.1(152) to 655—6.6(152)*. (2000). Retrieved August 19, 2002, from <http://www.legis.state.ia.us/Rules/2003/iac/655/6556/6556.pdf>.

Iowa Department of Education. (2001). School health services. *Health Promotion Initiative Newsletter, 15, (1)*.

Jancin, B. (1999). Bipolar Disorder in Youths: Lithium Still 1<sup>st</sup> Choice. Source: American Academy of Child Adolescent Psychiatry, 1999. *Denver Bureau*.

*JAMA calls for rules on supplements, Journal editors say dietary aids should be regulated by FDA*. (3-10-2003). Associated Press. Retrieved 3-16-2003 from

<http://www.msnbc.com/news/883470.asp>.

Johnson, P., Hayes, J., Farkas, V., Simmons, S., & Benson, J. (2001). Medication use in public schools. *ASHP Midyear Clinical Meeting*, 36, ASC-2.

Johnson, P.E. (Ed.). (2003). *Medication use in schools, Florida edition*. Tallahassee, FL: Florida Society of Health-System Pharmacists.

Joint Committee on National Health Education Standards. (1997). *National Health Education Standards: Achieving Health Literacy*. Atlanta, GA: American Cancer Society, Inc.

Jones, S.E. & Wheeler L. (July 2004). Asthma Inhalers in Schools: Rights of Students with Asthma to a Free Appropriate Education. *American Journal of Public Health*. 94, 7: 1102-1108.

Jones, S. (2001). Help the medicine go down. guidelines for school staff in Great Britain. *The Times Educational Supplement*, 25-7.

This article originated in England, so it was difficult to assess its relevancy to the U.S. system. It dealt primarily with the legal issues surrounding who is responsible for administering medications.

Children with medical conditions have a right to partake fully in school life. Policies must be in place regarding who will give medications and how the who staff will handle emergency situations. The article advises that all school staff should have awareness of the most common conditions needing medical attention. There was discussion about whether the duty of the “medication giver” was voluntary or contractual and whether the giver is supported with insurance in case there is a lawsuit regarding the medication administration.

Jones, S., Brener, N., & McManus, T. (2003). Prevalence of school policies, programs, and facilities that promote a healthy physical school environment. *American Journal of Public Health*, 93(9), 1570-1575.

Jordan, D. & Allshouse, C. (2003). Plan ahead for your child’s medicine at school. *Pacesetter*, 26, 12.

Josten, L., Smoot, C., & Beckley, S. (1995). Delegation to assistive personnel by school nurses - one state's experience. *Journal of School Nursing* 11, 8-16.

The findings from research conducted with use of a questionnaire demonstrated the challenges faced by school nurses in promoting health and safety when the school situation or student’s condition warranted that the nurse delegate tasks to assistive personnel. Approximately one-fourth of nurses did not have delegation training. Training should be student-specific and the trainer should be technically competent as well as competent as a teacher. Competency of the assistive personnel, the nature or complexity of the procedure, the student’s condition, and the availability of the nurse to

supervise are important factors to consider before delegating. The National Council of State Boards of Nursing, the American Nurses Association, and the Minnesota Nurse Practice Act indicate that the nurse is responsible for the decision to delegate a task.

Kaaler, M. & Ravella, P. (July 2002). Staying on the Ethical High Ground with Complementary and Alternative Medicine. *The Nurse Practitioner* 27, 7: 38-42.

*Kalispell school district policies.* (n.d.). Retrieved July 26, 2004, from <http://www.sd5.k12.mt.us/board/brd%20policy/3000/3416.htm>.

Karch, A. & Karch, F. (2001). Practice errors. Let the user beware. *American Journal of Nursing*, 101, 25.

A college graduate student was brought to the Student Health Services pale, diaphoretic, confused, drowsy, and disoriented. She had taken three-five different over-the-counter medications containing acetaminophen, diphenhydramine, pseudoephedrine, dextromethorphan, and in combination were at the level of toxicity.

Karp, H. (2000). A day in the life of the school nurse. *Parents Magazine*, 75, 100.

The article described a day in the life of a school nurse in Fort Worth, Texas. It discussed the increase in medications over the years and shows the variety of children's needs. The introductory paragraph stated the shortage of licensed school nurses.

Karpa, K.D. (September 3, 2001). Medication safety officer: A new breed of pharmacist. Retrieved June 11, 2002, from [http://www.findarticles.com.cf\\_0/m3045/17\\_145/78575645/print.jhtml](http://www.findarticles.com.cf_0/m3045/17_145/78575645/print.jhtml).

Keen, S. & Comer, L. (1995). Subcutaneous administration of adrenaline for anaphylaxis. *Nursing Times*, 91, 36-7.

This article was written from the perspective of community nurses working with schools that have students with severe allergies. The authors drew on the experience of one clinic helping 17 children with histories of anaphylaxis. They discussed how to make arrangements for the care of such student at school. Types of allergies and symptoms of anaphylaxis were discussed, as was administration of epinephrine. The conclusion of the report was that with careful instruction and first aid treatment, a child with the possibility of an allergic reaction could attend school and parents and teachers did not need to feel helpless in the face of this particular emergency.

Kent, J. (December 17, 1995). Program "an accident waiting to happen," throughout LaCrosse school district, secretaries dispensing medicine to children. *LaCrosse Tribune*.

A school district had school secretaries dispensing medications and this article talked about the 45 doses of medications one secretary handed out during a lunch hour, a time when school offices are very busy.

There were concerns for the safety of students and the responsibility and liability the secretaries and teachers were taking on. In this school district, the secretary and teachers were responsible for triage of illness and injury to determine when to call in the school nurse. The article also reviewed the training provided to secretaries and teachers and the knowledge and/or assumptions that parents make concerning medication and health issues in their school district.

*Kentucky Administrative Regulations, 2:060. Kentucky Regulation for School Nurse Certification.* (1980). Retrieved August 16, 2002, from <http://www.lrc.state.ky.us/kar/016/002/060.htm>.

*Kentucky Administrative Regulations, 4:020. School health services.* (2001). Retrieved August 16, 2002, from <http://www.lrc.state.ky.us/kar/704/004/020.htm>.

Kentucky Board of Nursing. (n.d.). *Kentucky nursing laws (KRS Chapter 314): Nurse practice act.* Louisville: Kentucky Board of Nursing.

Kentucky Board of Nursing. (2004). *Advisory opinion statement, school nursing practice.* Louisville: Kentucky Board of Nursing.

Kentucky Board of Nursing. (2003). *Advisory opinion statement, roles of nurses in the supervision and delegation of nursing acts to unlicensed personnel.* Louisville: Kentucky Board of Nursing.

Kentucky Board of Nursing. (2002). *Advisory opinion statement, roles of nurses in the administration of PRN medication and placebos.* Louisville: Kentucky Board of Nursing.

Kentucky Board of Nursing. (2001). *Advisory opinion statement, roles of nurses in the administration of medication via various routes.* Louisville: Kentucky Board of Nursing.

Kentucky Board of Nursing. (2001). *Scope of practice determination guidelines.* Louisville: Kentucky Board of Nursing.

Kentucky Department of Education. (2004). *Health services reference guide.* Frankfort: Kentucky Department of Education.

*Kentucky Revised Statute 156.501 Student health services – Responsibilities of Department of Education and Department for Public Health – Filling of position – Funding.* (2002). Retrieved August 16, 2002, from <http://lrc.ky.gov/krs/156%2D00/501.pdf>.

*Kentucky Revised Statute 156.502, Health services in school setting –Designated provider – Liability protection.* (2002). Retrieved August 6, 2002, from <http://lrc.ky.gov/krs/156%2D00/502.pdf>.

Kessler, S. (March 1998). More on the Role of the School in ADHD. *Pediatric Annuals*. 27, 3: 118 and 120.

*Kids sometimes get wrong meds at school*. (March 14, 2002). WCCO Channel 4000.

This report focused on the unreliability of medication administration in Cleveland schools, where children were faking taking medications, there was no system to record medication administration, etc. It suggested that parents become knowledgeable about how medications are given.

*Kids Use of Prescription Drugs Outpaces Seniors*. (September 19, 2002). Associated Press.

Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (December 2000). *To err is human: building a safer health system*. Health Resources and Services Administration (HRSA), Washington DC.

Koenning, G.M., Todaro, A., Benjamin, J. E., Curry, M.R., Spraul, G.E., & Mayer, M. (April 1995). Health Services Delivery to Students with Special Health Care Needs in Texas Public Schools. *Journal of School Health*. 65, 4: 119-123.

Kogan, M.D., Pappas, G., Yu, S.M., & Kotelchuck, M. (October 5, 1994). Over-the-counter Medication Use Among US Preschool-age Children. *Journal of the American Medical Association*. 272, 13: 1025-1030.

Kolbe, L. J. (Autumn 2002). Education Reform: and the goals of modern school health programs. *The State Education Standard*. Pg. 4-10.

Comprehensive school health programs were supported in this article as being a critical part of the national push for school reform in No Child Left Behind. Four goals for students were discussed: improving health knowledge, attitudes, and skills; improving health behaviors and health outcomes; improving educational outcomes; and improving social outcomes. The article offered arguments in each of these goals to support the inclusion of the curriculum and health services in the ongoing development of standards. The author did not discuss costs other than in terms of impact on personal and social outcomes of not having these school health components included.

Kolbe L. J., Kann L., & Brener N. D. (2001). Overview and Summary of Findings: School Health Policies and Programs Study 2000. *The Journal of School Health*, 71, 253-259.

Kozlowski, J. C. (2002). Prescription medication policies prompt ADA claims. *Parks and Recreation*. Retrieved June 11, 2002, from [http://www.findarticles.com/ct\\_01m1145\\_37782743094/print.jhtml](http://www.findarticles.com/ct_01m1145_37782743094/print.jhtml).

This article described two similar cases in which parents sued their child's school district for refusing to allow the school nurse to administer medication for attention deficit

hyperactivity disorder (ADHD) during school hours. In each case, the school district had a policy in place that prevented the administration of any medication at a dose higher than recommend by the Physicians Desk Reference. The parents felt that the school district's policy violated the Americans with Disabilities Act (ADA). The court system, however, ruled that because the schools applied their policies uniformly to all students, they were not violating the ADA. Giving the higher dosage would have imposed unreasonable financial cost or administrative burden on the schools.

Kuersten, J. (March 1999). Healthy Young Minds: Rx for children's emotional and mental health. National PTA: *Out Children*. Retrieved February 26, 2003, from [http://.pta.org/parentinvolvement/helpchild/hc\\_oc\\_healthy\\_minds...](http://.pta.org/parentinvolvement/helpchild/hc_oc_healthy_minds...)

Kurtz, S. (March 2002). Treating ADHD in School Settings. *School Nurse News*. 28-33.

Lanfear, J.H. & Rashid, C. (1998). Who cares for students with epilepsy in mainstream education? *Seizure. British Epilepsy Association*. 7: 189-192.

Lavin, A., Shapiro, G. & Weill, K. (March 2003). Creating an agenda for school-based health promotion: A review of selected reports. Boston: Harvard School health Education Project, Department of Health and Social Behavior, Harvard School of Public Health.

This article was a synthesis of 25 different reports from 1989-91 that address the interconnectedness of children's health and education. This article focused on general public health issues affecting children's success in school and their ability to learn. Two age groups of particular concern were early childhood and adolescents. A few of the issues discussed in this article include violence, hunger, substance abuse, too early pregnancy, depression, and hopelessness. This article suggested that the best way to tackle these problems is through a comprehensive, integrated approach, focusing efforts through schools.

*The Law, Schools, and Your Child with Diabetes*. (February 17, 2002). Children with Diabetes. Retrieved June 20, 2002, from [http://www.childrenwithdiabetes.com/d\\_0q\\_600.htm](http://www.childrenwithdiabetes.com/d_0q_600.htm).

Lawrence, G. (1996). *Medication administration in schools: How can we keep children safe?* *Colorado Nurse*, June, 28.

Lear, J. (November 11, 2002). Improving safety and quality in medication management in schools. 2002 American Public Health Association Conference.

Representing the Center for Health and Health Care in Schools in a 2002 PowerPoint presentation at the American Public Health Association conference, the authors reported on common health problems of school-age children, policies and practices related to medication administration, legal requirements, and select research reports (McCarthy et al., *To Err is Human*, and *Crossing the Quality Chasm*).

For example, they stated that 64% of states and 94% of school districts had requirements regarding school administration of medications. The McCarthy et al. study found that 5.6% of students required medications at school, 98% report having medication guidelines, and 48.5% of responding nurses reported a medication error in the past year.

Leape, L., Bates, D., Cullen, D., Cooper, J., Demonaco, H., Gallivan, T., Hallisey R., Ives, J., Laird, N., Laffel, G., Nemeskal, R., Petersen, L., Porter, K., Servi, D., Shea, B., Samll, S., Sweitzer, B., Thompson, T., & Vander Viet, M. (July 5, 1995). Systems Analysis of Adverse Drug Events. *Journal of the American Medical Association*. 274, 1: 35-43.

Lesar, T.D. et al. (January 22, 1997). Medication Errors. *Journal of the American Medical Association*. 277: 312.

Levine, S., Cohen, M., Blanchard, N., Fredico, F, Magelli, M., Lomax, C., Greiner, G., Poole, R., Lee, C., & Lesko, A. (2001). Guidelines for preventing medication errors in pediatrics. *The Journal of Pediatric Pharmacology and Therapeutics*, 6:426-442.

Lee, G.M., Friedman J.F., Ross-Degnan, D. et al. (2003). Misconceptions about colds and predictors of health services utilization. *Pediatrics*. 111, 2: 231-236.

Levy, S. (February 18, 2002). Self-care: NCPIE launches campaign to promote safe OTC use. *Patient Care, Drug Topics Archive*: 4:45.

The NCPIE was promoting a public information campaign about the safe uses of over-the-counter (OTC) medications bearing the new “drug facts” label. The campaign was designed to support the use of the label and encourage consumers to read the information and seek information from health care professionals if they have questions. Research has shown that a significant number of U.S. citizens don’t know the active ingredients of OTC medications that they take routinely, do not read the labels, and take more and more often than recommended. Consumers should read labels and be concerned about possible interactions with other medications and dietary supplements.

Lewis, E. (1999). Setting up a school asthma clinic: Asthma in teenagers is often poorly controlled, largely due to non-compliance with medication. *The Professional Nurse*, 14, 825.

This article provided an overview of the effectiveness of setting up in-school asthma clinics, specifically to assist in the management of asthma in adolescents. Asthma clinics would aim “to provide education, allowing the adolescent to take control of his or her asthma management.” The first trial clinic described in this article found a positive outcome for students in the first year with a dramatic reduction in daily asthma problems noted by school staff. Educating students and developing plans to individualize therapy, given the social and emotional impact of the adolescent years, was important in the process.

Lishner, K. & Busch, K. (1994). Safe delivery of medications to children in summer camps. *Pediatric Nursing* 20, 249-253.

When this article was published (1994), 5 million children attended summer camp annually in the United States. In this study, researchers sent questionnaires to 100 summer camps and received responses from 53%. Registered nurses were reported to be responsible for the administration of medications to campers by 47.2% of the respondents. Types of medications most often given at camp were prescription medications and over-the-counter medications. The problems identified included incomplete information about medications brought from home, medication “holidays,” and foreign medications. The findings of this study indicated a need for improved communication about medications among all the parties involved to ensure continuity of health care. The authors said that pediatric nurses should play a role in education and communication for safe and pleasurable summer camp environments for children.

Los Angeles Unified School District. (2003). *Class description: School physician, school physician – bilingual Spanish*. Los Angeles: Los Angeles Unified School District.

Louisiana State Board of Elementary and Secondary Education & Louisiana State Board of Nursing. (n.d.). *Rule title 28 education: The administration of medication in Louisiana public schools*. Baton Rouge: Louisiana State Board of Elementary and Secondary Education & Louisiana State Board of Nursing.

Louisiana State Board of Nursing . (n.d.). *Delegation decision-making process: Unlicensed nursing personnel*. Baton Rouge: Louisiana State Board of Nursing.

Louisiana State Board of Nursing . (n.d.). *Delegation decision-making process: Licensed practical nurse*. Baton Rouge: Louisiana State Board of Nursing.

Louisiana State Board of Nursing. (1993). *Declaratory statement regarding nursing accountability and/or responsibility for patient care assignments and nursing care delivery*. Baton Rouge: Louisiana State Board of Nursing.

*Louisiana Statutes RS 37:913 (14) (f) and Administrative Rules LAC 46 XLVII.3703*. (n.d.). Baton Rouge: Louisiana State Board of Nursing.

*LPN scope of practice*. (n.d.). Retrieved August 15, 2002, from <http://pr.mo.gov/boards/nursing/lpnsco1.pdf>.

Lwebuga-Mukasa, J. & Dunn-Georgiou, E. (2002). A school-based asthma intervention program in the Buffalo, New York, schools. *The Journal of School Health*, 72, 27-32.

This article included both qualitative and quantitative research data on an asthma intervention that required students with asthma to have their private health care providers write and send the school asthma action plans. The plans proved effective to reduce asthma episodes at all participating schools where baselines were established. Students

and families also received two hours of education about asthma, covering signs, triggers, medications, etc. There was also a substantial increase in prescriptions for anti-inflammatory medications at two study sites.

MacArthur, C. (1996). Children, insulin pens and self-injection at school. *Professional Care of Mother & Child*, 6, 6:158-160.

MacLeod, B.A., Seaberg, D. C., & Paris, P.M. (February 1990). Prehospital Therapy Past, Present, and Future. *Emergency Medical clinics of North America*, 8, 1: 57-74.

Madden, J. (2000). Managing asthma at school. *Educational Leadership*, 57, 50-52.

Magruder, L. (2001). Asthma inhalers in the classroom, or not? *Journal of Law and Education*, 30, 171-79.

This article examined which and how major national laws—the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA)—affect use of asthma medications in schools. The author concluded with brief recommendations for schools and for parents.

Maine Department of Education & Maine Department of Human Services. (2000). *Coordinating school health programs: A guide for Maine schools*. Augusta: Maine Department of Education & Maine Department of Human Services.

Maine School Health Advisory Committee. (1999). *School health manual: School physicians*. Retrieved May 17, 2004, from <http://www.state.me.us/education/sh/school%20physicians.htm>.

Marx, E., Wooley, S., & Northrop, D. (1998). *Health is academic: A guide to coordinated school health programs*. New York: Teachers College Press.

Mann, R. (August 15, 2000). Vitamins, Minerals & Herbs. Cub Pharmacy. Presentation at East Lake Community Library. Minneapolis, MN.

This article is a five-page list of vitamins, minerals, and herbs with indications for use and cautions. This would serve as a quick reference guide only, since it lacked detail, failed to describe side effects or frequency of use, and did not offer sources of the information presented.

Mann, R. (10-3-2000). Over the Counter, Buyer Beware! Cub Pharmacy. Presentation at East Lake Community Library. Minneapolis, MN.

Manthei, G. (1999). Asthma self management in Wisconsin schools. *Journal of the Pharmacy Society of Wisconsin*, 2, 26-32.

Marks, A. (2000). Schoolyard hustlers' new drug: Ritalin. *Christian Science Monitor*.

This article reported the increasing illicit use of Ritalin throughout the country. In some schools, Ritalin was being stolen and then used in large quantities to achieve a high similar to that of substances such as cocaine. It highlighted the debate among professionals whether prescription drug use leads to illegal drug use and abuse. Rep. Henry Hyde of Illinois suggested that there should be legislation that would provide guidelines for handling of prescription drugs on school grounds. Gretchen Feussner, a Ritalin expert for the Drug Enforcement Administration, stated, “The concern is that once the medication is given to children, it’s actually taken by the individual that it’s prescribed for . . . and once it’s in school, it should be secured in a place other than in a drawer or a teacher’s desk.”

Marshik, P., Borrego, M., Baldonado, E., Baur, K., Cipa, G., & George, L. (2001). New Mexico public school practices regarding use and administration of asthma medications. *Pediatric Asthma, Allergy & Immunology, 1*, 31-41.

This article reported on a study of New Mexico schools and their medication practices related to asthma. A 15-question survey was used to collect data from a random sample of schools. Recommendations for improvement in asthma care in public schools included the implementation of a statewide policy providing guidelines for asthma management and medication administration.

Massachusetts Department of Public Health. (n.d.). *Appendix L: State medication administration regulations and school district medication policy*. Boston: Massachusetts Department of Public Health.

Massachusetts Department of Public Health. (n.d.). *State medication administration regulations and school district mediation policy, 105 CMR 210.000: MGL c. 94c, 7(g); c 71, 54B*. Boston: Massachusetts Department of Public Health.

Massachusetts Emergency Medical Services. (n.d.). *5.2 Pediatric anaphylaxis*. Retrieved September 7, 1999, from <http://www.moondragon.org/ems/pedianaphylaxis.html>.

*Massachusetts school nurse organization legislative news*. (2002). Retrieved June 12, 2002, from <http://msno.org/laws.html>.

Maryland Board of Nursing. (n.d.). *Over-the-counter products*. Retrieved August 22, 2002, from [http://www.mbon.org/main.php?v=norm&p=0&c=practice/over\\_the\\_counter.html](http://www.mbon.org/main.php?v=norm&p=0&c=practice/over_the_counter.html).

Maryland Board of Nursing. (2002). *Fact sheet: Medication administration training program required for registration as a medication assistant*. Baltimore: Maryland Board of Nursing.

Maryland Board of Nursing. (2001). *Medication assistant registry*. Baltimore: Maryland Board of Nursing.

Maryland Board of Nursing. (1999). *Fact sheet: Complementary/alternative/holistic/ integrated therapies*. Baltimore: Maryland Board of Nursing. Updated February 23, 2001.

Maryland Board of Nursing. (1991). *Declaratory ruling 91-2: School health nurse, registered nurse, supervision and monitoring of unlicensed personnel in the performance of tracheotomy suctioning and tracheostomy tube change/replacement procedures*. Baltimore. Maryland Board of Nursing.

Maryland Board of Nursing. (1990). *Guidelines, role and responsibilities of the school nurse (registered nurse) and the child with special health needs*. Baltimore: Maryland Board of Nursing.

*Maryland RN standards of practice, standards of Care, draft*. (n.d.). Baltimore: Maryland Department of Education.

*Maryland state school health services guideline: Medication assistant training for school health staff*. (n.d.). Baltimore: Maryland State Board of Nursing.

*Maryland State Guidelines: Management of the Needs of the Oxygen Dependent Student*. (June 2002). Maryland State Department of Education, Maryland Department of Health and Mental Hygiene and Maryland State School Health Council.

Maurer, D. (November 30, 2000). More children, more health concerns, more school medication errors. University of Iowa Health Center. *The Journal of School Health*, November 2000.

This press release announced the results of a University of Iowa (UI) study. Nearly half of the school nurses surveyed reported medication errors in their schools in one year. The most common error was a missed dose. Three quarters of the nurses reported that unlicensed personnel such as school secretaries, health aides, and teachers dispensed medications to students in their school systems. Led by an associate professor of nursing at the UI, the study used surveys of 649 school nurses throughout the United States.

McCarthy, A., Kelly, M., & Reed, D. (2000). Medication administration practices of school nurses. *Journal of School Health*, 70, 371-6.

This study showed school nurses were concerned that medication administration guidelines were inadequate to address all issues encountered, especially delegation, medication errors, and practice guidelines.

McDowell, V. (2002). Schools in Affton alter policy on medications; students prohibited from carrying drugs, parents must deliver them. *St. Louis Post-Dispatch*.

Affton School District's new regulations on handling of prescription and over-the-counter drugs required that parents bring medications to school during regular school hours or mail prescriptions to the school. Over-the-counter medications could be brought to

school by students and then immediately delivered to a nurse. If parents did not comply, it was not the student who would be disciplined, but the parents would be called.

McGhan, S., Reutter, L., Hessel, P., Melvin, D., & Wilson, D. (March-April 2002). Developing A School Asthma Policy. *Public Health Nursing*. 19, 2: 112-123.

Meckler, L. (2003, January 17). More young people abusing prescription drugs, report says. *Associated Press*.

This article provided statistics on the growing problem of teenagers and young adults abusing prescription drugs. It highlighted an education and awareness program being undertaken by the NHS and the Food and Drug Administration. Estimates were that 3 million young people (12-17 years old) had used prescription medicines for non-medical reasons at least once in 20001.

*Medication administration*. (n.d.). Salem: Oregon Department of Education.

*Medication Administration in Missouri Schools Recommended Policies and Procedures*. (1996). Jefferson City, Missouri: Missouri Department of Health.

*Medication administration in the school setting: Guidelines*. (2003). Denver: Colorado Department of Education.

*Medication and Vaccine Administration Policy*. (February 2002). Wyoming Department of Health.

*A medication error trifecta!* (2004). *Nurse Advise – ERR*, 2(8).

*Medication Errors*. (November 119, 2002). U.S. Food and Drug Administration, Center for Drug Evaluation and Research. Retrieved November 20, 2002, from <http://www.fda.gov/cder/drug/MedErrors/default.htm>.

*Medications in school*. (2000). Retrieved December 6, 2004, from <http://www.state.me.us/education/sh/medications.htm>.

*Medications: Using Them Safely*. (2002). KidsHealth. Retrieved November 25, 2002, from [http://www.kidshealth.org/parent/firstaid\\_safe/home/medication\\_safety.html](http://www.kidshealth.org/parent/firstaid_safe/home/medication_safety.html).

*Medicines in Schools. Implementing Good Practice in Mainstream Schools – A Guide for Pharmacists*. (1997). *Pharmaceutical journal*. 258: 69-72.

Meng, A. (March 2000). A School-Based Asthma Clinic: A Partnership Model for Managing Childhood Asthma. *Nurse Practitioner Forum*. 11, 1: 38-47.

Michigan Department of Education & State Board of Education. (2002). *School nurse certification rules*. Retrieved August 19, 2002, from [http://www.michigan.gov/mde/1,1607,7-140-5234\\_5683\\_14796-33246--,00.html](http://www.michigan.gov/mde/1,1607,7-140-5234_5683_14796-33246--,00.html).

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*Michigan school health services report.* (1998). Lansing: Michigan Department of Education.

*Michigan Revised School Code 380.1178.* (2000). Retrieved August 19, 2002, from <http://www.nasbe.org/HealthySchools/States/Michigan.html>.

Miele, M.F. & Schoessler, S.Z. (2002). Students with a Peanut Allergy Need Careful Monitoring. National PTA. *Our Children*, 28,3: 7.

Minneapolis Public Schools Health Related Services. *Delegation of nursing care in Minneapolis Public Schools.* Minneapolis, MN.

Roles and terms pertaining to delegation of selected nursing tasks in the school setting were defined. Guidelines were given to assist the licensed school nurse in making decisions about and implementing the delegation of tasks. The role of those delegated to, along with the rights and responsibilities they have, were reviewed.

Minnesota Bar Association. (2003). *MSBA lawyer referral system, youth Minnesota legal connection.* Minneapolis, MN: Author.

Minnesota Board of Nursing. (n.d.). *Nurses and prescribing.* Minneapolis: Minnesota Board of Nursing.

Minnesota Board of Nursing. (n.d.). *Use of Protocols, Implementation of a protocol which results in a prescription: What should a nurse consider?* Minneapolis: Minnesota Board of Nursing.

Minnesota Board of Nursing. (2003). *Statement of accountability for utilization of integrative therapies in nursing practice.* Minneapolis: Minnesota Board of Nursing.

Minnesota Board of Nursing. (1999). *Nurse practice act.* Minneapolis: Minnesota Board of Nursing.

Minnesota Board of Pharmacy. (October 19, 1995). Letter to Rost M. Jost, City of Bloomington, Minnesota.

Minnesota Department of Administration. (2000). *School district general record retention schedule.* St. Paul, MN: Author.

Minnesota Department of Administration. (1999). *Model educational data sharing/access policy.* Retrieved November 24, 2004, from <http://www.ipad.state.mn.us/policy.html>.

Minnesota Department of Health. (2004). *Managing asthma in Minnesota schools.* St. Paul: Minnesota Department of Health.

Minnesota Department of Health. (2004). *Policy statement: Provision of medications for clients receiving services from an assisted living home care provider*. St. Paul: Minnesota Department of Health.

Minnesota Department of Health. (2003). *Access to health records: Notice of rights*. St. Paul: Minnesota Department of Health.

Minnesota Department of Health Maternal and Child Health Section. (2002). *Report to the Minnesota Legislature: Medications dispensed in schools study*. St. Paul, MN: Author.

The report was requested by the Minnesota Legislature to look at school medication dispensing practices. The Minnesota Department of Health Commissioner gave three recommendations to the legislature: (1) design a statewide system for medication administration with one entity in charge, (2) convene a work group to provide input into development of a statewide system, and (3) provide the legislature with any needed changes to implement a safe medication administration system.

The report also discussed the work group convened to develop these recommendations, their principles, and information on school medication administration, nurse practice, and state statutes. Among other documents in this packet were work group notes and principles, the Minnesota Nurse Practice Act, and a letter from the State Attorney General's Office about non-prescription medications.

The need for standards and guidelines is to keep children safe.

Minnesota Department of Health. (2005). *Support from the Literature with Selected Annotations for the Minnesota Medication Administration Guidelines for Schools*. Retrieved from <http://www.health.state.mn.us/divs/fh/mch/schoolhealth/medadmin/annotated.html>.

Minnesota Department of Health & Minnesota Department of Children, Families and Learning. (1996). *Nursing practice in the school setting: Minnesota school health guide*. St. Paul: Minnesota Department of Health & Minnesota Department of Children, Families and Learning.

Minnesota Department of Health. (1992). *Delegation, monitoring and supervision related to school health services*. St. Paul: Minnesota Department of Health.

Minnesota Legislature. (2002). Minnesota Statutes 2002, Table of Contents (121A). St. Paul: Office of the Revisor.

This addresses three Minnesota statutes pertinent to health care in schools. 121A.21 states that all schools with more than 1,000 students must have a nurse or public/private health organization coverage at the level of 1 FTE. 121A.221 addresses the use of asthma inhalers in schools. 121A.22 focuses on administration of drugs and medicines in schools, including exclusions and labeling requirements.

Minnesota Medical Association. (2002). *Management of physician office medical records*. Minneapolis: Minnesota Medical Association.

Minnesota Nurses Association (2001). *Position Statement: Role of the registered nurse in safe administration of medications*. St. Paul: Minnesota Nurses Association.

This statement is exactly about what its title is—the role of the registered nurse in safe administration of medications.

Minnesota Nurses Association. (1997). *Position paper: Delegation and supervision of nursing activities*. St. Paul: Minnesota Nurses Association.

Minnesota Nurses Association. (1992). *Report of the Minnesota nurses association task force on assistive personnel*. St. Paul: Minnesota Nurses Association.

The Minnesota Nurses Association's Task Force on Assistive Personnel was established in April 1990. The issues addressed by this group included: the proliferation of assistive personnel (resulting in a decrease in the quality of patient care); the confusion about roles, proper delegation by registered nurses, and supervision of assistive personnel; and the registered nurse's accountability under the law for the actions of the assistants.

Minnesota Office of the Attorney General. (February 14, 2000). Letter to R. Christofferson, Superintendent, Minnesota ISD # 390 Re: Authority of School Nurses to Provide Non-Prescription Medications. AG:357648, v 01.

*Minnesota Rules 6800.6500, Consulting Services to Licensed Nursing Homes*. (2003). Retrieved July 26, 2004, from <http://www.revisor.leg.state.mn.us/arule/6800/6500.html>.

*Minnesota Statutes 121A.21, 121A.22, 121A.2205, 121A.221*. (2004). Retrieved from <http://www.revisor.leg.state.mn.us/stats/121A/21.html>.

*MSBA/MASA Model Policy 516*. (2004). St Peter: Minnesota School Board Association.

*Mississippi Board of Nursing rules and regulations*. (2004). Retrieved August 8, 2004, from <http://www.msbn.state.ms.us/pdf/RulesRegs.pdf>.

Missouri Department of Elementary and Secondary Education. (2003). *Self-carry guidance*. Jefferson City: Missouri Department of Elementary and Secondary Education.

Missouri Department of Elementary and Secondary Education. (n.d.). *Title 5 – Department of elementary and secondary education*. Retrieved June 25, 2002, from <http://www.dese.state.mo.us/schoollaw/rulesregs/6090010.htm>.

Missouri Department of Health. (n.d.). *School Health Manual*. Retrieved from <http://www.dese.state.mo.us/divimprove/curriculum/hp/manualshlhealth/manualindex.html>.

Missouri Revised Statutes Chapter 335, Nurses Section 335.016. (2001). Retrieved August 15, 2002, from <http://www.moga.mo.gov/statutes/C300-399/3350000016.HTM>.

Missouri Revised Statutes Chapter 335, Nurses Section 335.017. (2001). Retrieved August 15, 2002, from <http://www.moga.mo.gov/statutes/C300-399/3350000017.HTM>.

Missouri Revised Statutes Chapter 516, Statute of Limitation Section 516.105. (2001). Retrieved August 15, 2002, from <http://www.moga.mo.gov/statutes/C500-599/5160000105.HTM>.

Missouri State Board of Nursing. (n.d.). *Position statement: Utilization of unlicensed health care personnel*. Retrieved August 15, 200, from <http://pr.mo.gov/nursing-focus-position.asp>.

Missouri Task Force on Misuse, Abuse and Diversion of Prescription Drugs. (2001). *A guide to prescribing, administering, and dispensing controlled substances in Missouri*. Jefferson City: Bureau of Narcotics and Dangerous Drugs.

Mitchell, A. (2001). Challenges in pediatric pharmacotherapy: Minimizing medication errors. *Medscape Pharmacists*, 2.

Administration of medication to children has many challenges, such as the inability to implement existing Food and Drug Administration (FDA) rules or requirements, the wide variety of sizes and weights in children, the insufficient ability or capacity of children to metabolize drugs as adequately as adults do, prescribing errors by prescribers, dispensing errors, and administrative errors. These challenges are complex. Some solutions lead to different types of challenges. The solutions should address the unique needs of each child.

*Model procedures for the education of children with disabilities: Index version*. (2003). Retrieved July 26, 2004, from <http://www.neoserrc.k12.oh.us/IndexVersion.pdf>.

Mofenson, H.C., McFee, R., Caraccio, & T., Greenssber J. (November 1998). Letters: Combined antipyretic therapy: Another source of chronic acetaminophen toxicity. *The Journal of Pediatrics*. 133,5: 712-713.

Moore, V. (January/February 2000). School-Based Asthma Management Policies and Practices: A Regional Survey. *Journal for Healthcare Quality*. 22, 1: 10-16.

Montana Board of Nursing. (2004). *Typical practice statements made by the BON office*. Retrieved July 26, 2004, from [http://www.discoveringmontana.com/dli/bsd/license/bsd\\_boards/nur\\_board/pdf/practice\\_statements.pdf](http://www.discoveringmontana.com/dli/bsd/license/bsd_boards/nur_board/pdf/practice_statements.pdf).

*Montana Code Annotated 2003: 2-15-1734*. (2003). Retrieved July 26, 2004, from <http://data.opi.state.mt.us/bills/mca/2/15/2-15-1734.htm>.

*Montana Code Annotated 2003: 20-3-324.* (2003). Retrieved July 26, 2004, from <http://data.opi.state.mt.us/bills/mca/20/3/20-3-324.htm>.

*Montana Code Annotated 2003: 37-8-102.* (2003). Retrieved July 26, 2004, from <http://data.opi.state.mt.us/bills/mca/37/8/37-8-102.htm>.

*Montana Code Annotated 2003: 39-31-103.* (2003). Retrieved July 26, 2004, from <http://data.opi.state.mt.us/bills/mca/39/31/39-31-103.htm>.

*Montana Code Annotated 2003: 39-71-116.* (2003). Retrieved July 26, 2004, from <http://data.opi.state.mt.us/bills/mca/39/71/39-71-116.htm>.

Moore, V. (2000). School-based asthma management policies and practices: A regional survey. *Journal for Healthcare Quality* 22, 10-16.

This article reported on a study involving 29 school districts representing 679,631 students. The study's questions were about school health personnel, identification and monitoring of students with asthma, staff training, self-carry policies, and smoking-on-campus policies. Key findings were more positive than expected.

Morris A. J. (September 1996). Complementary medicine and allergy – an evaluation of the facts. *Current Allergy and Clinical Immunology*. Retrieved September 4, 2002, from <http://zingsolutions.com/ALLSA/alternative.htm>.

Muirhead, G. (1999). Herbal medicines you can recommend with confidence. *Patient Care*, 76-94.

Munoz-Furlong, A. (September 1999). A principal's guide to children's allergies. *National Association Elementary School Principals (NAESP) - Principal Magazine*. Retrieved from <http://www.naesp.org.comm.p00999a.htm>.

This article reviewed the types of major allergies affecting children, including allergic rhinitis, asthma, atopic dermatitis, food allergies, and anaphylactic shock. It gives a review of each with common treatments. The role of the principal was to be familiar with allergies and treatments and to work with the parent and physician to determine the best management system. They should also keep parents and physicians informed if medication appears to be interfering with learning. It suggested interventions such as no furry classroom pets, no food trading, and caution on field trips to reduce allergy triggers. It also cautioned about allergy harassment from other students. Clear physician instructions for medication administration in schools was recommended, and the Asthma and Allergy Foundations could provide individualized Student Action Cards for this purpose. The Food Allergy Network had the same for food allergies. Both need review each year and distribution to all teachers of the student with allergies.

Musser, C., Ahmann, P., Theye, F., Mundt, P., Broste, S., & Mueller-Rizner, N. (1998). Stimulant use and the potential for abuse in Wisconsin as reported by school

administrators and longitudinally followed children. *Journal of Developmental and Behavioral Pediatrics*, 19, 187-92.

This summarized results of a 1996 Wisconsin-based survey of school administrators regarding attention deficit hyperactivity disorder (ADHD) medication awareness and potential for abuse and their pertinent school policies and procedures. Also included were results from a small student survey of ADHD medications users in some schools regarding self-reported use, abuse, and storage practices. Data suggested little, if any, evidence of ADHD medication abuse, but did suggest that potential access to ADHD medications existed due to insecure storage methods and wide variations in school distributions methods.

Naimi, T.S., Smith, K.E., Besser, J., Lynfield, R., and the MMA Antimicrobial Prescribing Practice Task Force. (April 2001). Antimicrobial Resistance and Judicious Antimicrobial Use in Minnesota and the United States. *Minnesota Medical Association*, 84, 4: 27-31.

National Association of School Boards of Education. Administration of Medication at School. *Education Issues Policy Update*, Vol. 11,14.

National Association of School Boards of Education. *Healthy Schools Network, About the Network*. Retrieved June 12, 2002, from <http://www.nasbe.org/HealthySchools/Network/Network.html>.

National Association of School Nurses, Inc. (2004). *Delegation of care in the school setting. Issue Brief: School health nursing services role in health care*. Retrieved from <http://www.nasn.org/briefs/2004briefdelegation.pdf>.

National Association of School Nurses, Inc. (Revised November 2003). *Position Statement: School Nurse Supervision/Evaluation*. Retrieved November 2, 2004, from <http://www.nasn.org/positions/supervision.htm>.

National Association of School Nurses. (2003). *Position statement: Individualized health care plans*. Retrieved November 23, 2004, from <http://www.nasn.org/positions/careplans.htm>.

National Association of School Nurses. (2003). *Position statement: Role of the school nurse caring for a student requiring rectal medication for seizures*. Retrieved November 23, 2004, from <http://www.nasn.org/positions/rectalmeds.htm>.

National Association of School Nurses. (2003). *Substance use and abuse: Issue brief, school health nursing services role in health care*. Castle Rock: National Association of School Nurses, Inc.

National Association of School Nurses. (2002). *Role of the school nurse. Issue Brief: School health nursing services role in health care*. Retrieved from <http://www.nasn.org/briefs/200wbriefrole.pdf>.

National Association of School Nurses. (2002). *Position statement: Asthma management in the school setting*. Castle Rock: National Association of School Nurses, Inc.

This article described the prevalence of asthma in schools and the role of school nurses and staff members in the management of it. Included was a description of the condition, asthma triggers, the impact on the quality of life for children with asthma, and a statement of the beliefs held by the National Association of School Nurses regarding asthma in students, including beliefs about the role of the school nurse in caring for and managing asthma in students.

National Association of School Nurses. (2001). *Blood sugar monitoring in the school setting*. Castle Rock: National Association of School Nurses.

National Association of School Nurses. (2001). *Position statement: Alternative medicine use in the school setting*. Castle Rock: National Association of School Nurses, Inc.

This position statement of the National Association of School Nurses (NASN) gave a detailed description of alternative and complementary medicine, as well as safety guidelines. School districts and school nurses were advised to consult or investigate risk-management principles and state laws to guide development of policies. The NASN recommended that school districts have written policy and procedures that focus on student safety and are consistent with state laws, safe nursing practices, and scientific information.

National Association of School Nurses. (2001). *Position statement: Controlled substances in the school setting*. Retrieved November 23, 2004, from <http://www.nasn.org/positions/controlled.htm>.

This 2001 statement of the National Association of School Nurses (NASN) included history and description of the topic, a definition of controlled substances, major issues confronting the school nurse regarding administration of controlled substances, and guidelines constituting the organization's position.

NASN directed school nurses or their designees to administer controlled substances under the following guidelines: (1) state mandates, policies, and guidelines and district policies and procedures related to delegation of the administration of controlled substances are adhered to, (2) the controlled substances are in a properly labeled prescription container, (3) the parent/guardian must request in writing that the medication be given at school, (4) the school nurse, based on nursing assessment, determines if the controlled substance should be given at school, (5) the school nurse trains, supervises, and evaluates unlicensed persons who are designated to administer medication in the nurse's absence according to state mandates, policies, and guidelines and policies and procedures related to delegation, (6) the administration of the controlled substance in no way violates nursing or standing orders, (7) the school nurse is aware of and has current reliable information regarding the safe use of the medication, and the medication is stored

in a locked cabinet, and (8) procedures are in place for receipt, administration, and accountability for medications.

National Association of School Nurses. (2001). *Position statement: Research medications in the school setting*. Castle Rock: National Association of School Nurses, Inc.

National Association of School Nurses. (2001). *Position statement: School nurse role in care and management of the child with diabetes in the school setting*. Retrieved November 23, 2004, from <http://www.nasn.org/positions/diabetes.htm>.

This is the perspective of the National Association of School Nurses on the importance of medically serving students with diabetes. To manage diabetes, a goal is to maintain blood glucose levels in the near-normal range. This requires sufficient medical management on the part of the student and the school nurse, as well as provision by the school of appropriate access to a variety of resources (i.e., supplies, a place to test blood, medication, snacks, etc.). Special accommodations may need to be made for students. Knowledgeable personnel must be available at all times during school and extracurricular activities. Managing diabetes is most effective when the entire school community is involved and aware. It is the school's responsibility to provide adequate resources and support.

National Association of School Nurses. (2001). *School nurse submission guidelines: Ohio standards*. Retrieved August 16, 2002, from [http://www.ode.state.oh.us/teaching-profession/teacher/educator\\_preparation/Word/School\\_nurse\\_submission\\_guidelines\\_8\\_03.doc](http://www.ode.state.oh.us/teaching-profession/teacher/educator_preparation/Word/School_nurse_submission_guidelines_8_03.doc).

National Association of School Nurses. (2000). *Position statement: Epinephrine use in life-threatening emergencies*. Retrieved November 23, 2004, from <http://www.nasn.org/positions/Epinephrine.htm>.

Due to an increase of students and staff with life-threatening allergies, this statement advocated the development of medication and emergency policies to govern easy access and correct use of epinephrine. The National Association of School Nurses (NASN) recommended that self-managed administration be evaluated on an individual basis by the school nurse, parent, health care provider, and student. NASN also recommended written permission by parent and health care provider for self-medication and written health care plans that are monitored for all students prescribed epinephrine. It also pointed to the need for additional staff training in recognition of allergic reactions and the need for school districts to establish direction for episodes in students/staff with no previous history of allergies.

National Association of School Nurses. (November 1999). Helping shape legislation in Ohio: school nurses have a voice. *NASN Newsletter*, 14, 5.

Nurses had a key role in shaping new Ohio laws to help students with asthma. This brief commentary advises how to collaborate with other agencies to promote legislation.

National Association of School Nurses. (1999). *Position statement: The use of asthma inhalers in the school setting*. Retrieved November 23, 2004, from <http://www.nasn.org/positions/inhalers.htm>.

National Association of School Nurses. (1997). *Delegation of Nursing Care in the School Setting: A Guide for Administrators*. Castle Rock: National Association of School Nurses, Inc.

National Association of School Nurses. (1993, 1997, 2003). *Position statement: Medication administration in the school setting*. Castle Rock: National Association of School Nurses, Inc.

This position statement on medication administration in the school setting addressed major issues that school nurses face with the increase in the use of medications by students. It discussed the role of the school nurse and why the nurse is the best qualified person to administer medication and offered guidelines for safe administration of medications by school nurses in the school setting.

National Association of School Nurses. (1994, 1995, 2002). *Delegation position statement*. Castle Rock: National Association of School Nurses, Inc. Retrieved from <http://www.nasn.org/positions/delegation.htm>.

National Association of State School Nurse Consultants, National Association of School Nurses & the National Assembly for School-Based Health Care. (2004). *HIPAA and Schools: Fact Sheet*. August. Kent: Author.

National Association of State School Nurse Consultants. (1995). *Position paper on delegation of school health services to unlicensed assistive personnel*. Kent: National Association of State School Nurse Consultants.

National Association of State School Nurse Consultants. (1995). Position paper: Delegation of school health services to unlicensed assistive personnel. *Journal of School Nursing 11*, 17-19.

This position paper developed by the National Association of State School Nurse Consultants dealt with safe health care services in schools, safe delegation to and supervision of UAPs, and sound professional registered nurse judgment regarding health services in schools. It strongly supported the role of the registered nurse.

National Center for Health Education. (2002). *What Children Need to Know. Grades k-2, Grades 3-5, and Grades 6-8*. New York, NY.

National Coordinating Council for Medication Error Reporting and Prevention. (1998-2003). *About NCC MERP*. Retrieved 3-25-2003 from <http://www.nccmerp.org/aboutnccmerp.htm>.

National Coordinating Council for Medication Error Reporting and Prevention. (1999). *Council Recommends Medication Dispensing Methods to Prevent Errors From Reaching Patients.*

This article discussed recommendations from the National Coordinating Council for Medication Error Reporting and Prevention for pharmacists to implement in the medication dispensing process to help reduce the incidence of errors. These recommendations primarily involved increased checking of the name, dose, and who the medication is to be given to by any person involved in medication dispensement in hospitals, nursing homes, home health care, and retail pharmacies. Counseling patients and maintaining a patient profile will help ensure proper use, as well as detect errors or inappropriate medication use. High-risk medications, especially those with similar names or appearance to other medications, should receive special attention.

National Coordinating Council for Medication Error Reporting and Prevention. (1999). *National Coordinating Council Announces Medication Administration Recommendations to Prevent Errors.*

National Coordinating Council for Medication Error Reporting and Prevention. (1998). *NCC MERP Taxonomy of Medication Errors.* Office of the Secretariat, United States Pharmacopeia. 1-19.

National Coordinating Council for Medication Error Reporting and Prevention. (March 15, 1999). *New Medication Errors Taxonomy Released.* Retrieved March 25, 2003, from [http://www.nccmerp.org/rel\\_990315.htm](http://www.nccmerp.org/rel_990315.htm).

National Council of State Boards of Nursing Inc. (1991). *Nursing care in the school setting: Regulatory implications.* Chicago: National Council of State Boards of Nursing Inc.

National Council of State Boards of Nursing Inc. (1990). *Concept paper on delegation.* Chicago: National Council of State Boards of Nursing Inc.

National Diabetes Education Program (NDEP), National Institutes of Health, the Centers for Disease Control and Prevention, et al. (2003). *Helping the Student with Diabetes Succeed. A guide for school personnel.* NIH Publication # 03-5217. Retrieved from <http://www.ndep.nih.gov>.

National Council of State Boards of Nursing, Inc. (1997) *Delegation Resource folder.* Chicago: Author.

National Council of State Boards of Nursing, Inc. (1997). *Delegation: Decision-making grid.* Chicago: National Council of State Boards of Nursing, Inc.

National Council of State Boards of Nursing, Inc. (1997). *Role development: Critical components of delegation curriculum outline*. Chicago: National Council of the State Boards of Nursing, Inc.

National Council of State Boards of Nursing, Inc. (1997). *Delegation Decision-making Tree*. Chicago: National Council of the State Boards of Nursing, Inc.

National Council of State Boards of Nursing, Inc. (1997). *The Rive Rights of Delegation*. Chicago: National Council of the State Boards of Nursing, Inc.

National Council of State Boards of Nursing, Inc. (1997). *Introduction to the Delegation Folder*. Chicago: National Council of the State Boards of Nursing, Inc.

National Council of State Boards of Nursing, Inc. (1997). *Glossary – Delegation Terminology*. Chicago: National Council of the State Boards of Nursing, Inc.

National Council of State Boards of Nursing, Inc, Unlicensed Assistive Personnel Task Force. (October 1998). *The Continuum of Care: A Regulatory Perspective A Resource Paper for Regulatory Agencies*. Chicago National Council of State Boards of Nursing Inc.

National Council of State Boards of Nursing, Inc (1995). *Delegation: Concepts and Decision-making Process*. Chicago: National Council of State Boards of Nursing, Inc.

The National Council of State Boards of Nursing published this position paper to provide a resource for boards of nursing, health policy makers, and health care providers on delegation and the roles of licensed and unlicensed health care workers. It emphasized and clarified the responsibility of boards of nursing for the regulation of nursing, including nursing tasks performed by unlicensed health care workers, and the responsibility of licensed nurses to delegate nursing tasks in accord with their legal scopes of practice. It provided a decision-making tool that could be used in clinical and administrative settings to guide the process of delegation. The paper described the accountability of each person involved in the delegation process and potential liability if competent, safe care is not provided.

National Council of State Boards of Nursing. (April 1998). *Nursing Regulation*. Chicago: National Council of State Boards of Nursing, Inc.

National Council of State Boards of Nursing. (1995). *Statement on the nursing activities of unlicensed persons*. Chicago: National Council of State Boards of Nursing, Inc.

National Diabetes Education Program, National Institutes of Health & Centers for Disease Control and Prevention. (2003). *Helping the student with diabetes succeed: a guide for school personnel*. Bethesda: National Institutes of Health.

National Education Association (1996). *Providing safe health care: the role of educational support personnel*. Washington DC: Author.

Prepared by the National Education Association (NEA), this is a comprehensive document that addresses the Individuals with Disabilities Education Act (IDEA) requirements for providing school health services and a pro-active approach for educational support personnel to use to ensure that they are properly trained and legally protected when assigned duties relating to the health needs of students. Included were a glossary, resources, bibliography, and appendix.

National Heart, Lung and Blood Institute; National Asthma Education and Prevention Program; School Education subcommittee; National School Boards Association; American School Health Association; Food Allergy and Anaphylaxis Network; American Diabetes Association; & Epilepsy foundation of American. (2003). *Students with chronic illnesses: Guidance for families, schools, and students*. 1-2. Retrieved from <http://www.nhlbi.nih.gov/health/public/lung/asthma/guidfam.pdf>.

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Nebraska Department of Health. (1994). *Guidelines: School health services in Nebraska*. Lincoln: Nebraska Department of Health.

Nebraska Department of Health and Human Services Regulation and Licensure. (1999). *Medication provision in the schools by school staff members according to the medication*

*aide act: Frequently asked questions and answers.* Lincoln: Nebraska Department of Health and Human Services Regulation and Licensure.

The Need for Pediatric Drug Tests. (October 14, 2002). *New York Times*.

Needham, N. (October 1994). What if you make a mistake? *National Education Association (NEA) Today*. Washington DC: National Education Association, p 4-5.

This article was written from the perspective of the education professional with regards to providing health care in a school setting. The article was unclear about delegation of tasks from a registered nurse. It pointed out that minimal training of unlicensed assistive personnel is a problem and that the delegation may be a violation of the Nurse Practice Act. The article provided tips for negotiating contracts to prevent assignment of some duties or ensuring training is in place. It briefly discussed the increased need for health service in a school and how school boards may respond to this need.

Nevada Department of Education. (n.d.). *School health, safety, & nutrition team*. Retrieved August 21, 2002, from <http://www.doe.nv.gov/hlthsaf/>.

Nevada Department of Education. (n.d.). *Special endorsement to serve as a school nurse*. Retrieved August 21, 2002, from <http://www.doe.nv.gov/licensure/moreinfo/licend/special/schoolnurse.html>.

Nevada State Board of Nursing. (n.d.). *Chapter 632: Nursing*. Retrieved August 21, 2002, from <http://www.leg.state.nv.us/NAC/NAC-632.html>.

Nevada State Board of Nursing. (n.d.). *Delegation by registered nurses*. Retrieved August 21, 2002, from <http://www.nursingboard.state.nv.us/>.

Nevada State Board of Nursing. (n.d.). *Nursing practice decisions*. Retrieved August 21, 2002, from <http://www.nursingboard.state.nv.us/pinfo/pracdecs.htm>.

Nevada State Board of Nursing. (n.d.). *Scope of practice*. Retrieved August 21, 2002, from <http://www.nursingboard.state.nv.us/pinfo/detrscop.htm>.

New England in Brief / Boston: New Drug Policy Urged for Schools. (February 1, 2002). *Boston Globe*. Metro/Regional Section, B2.

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New Jersey Department of Education. (2001). *School health services guidelines*. Retrieved August 5, 2004, from <http://www.state.nj.us/njded/parents/shg.pdf>.

New Jersey Department of Education. (2004). *Chapter 16: programs to support student development*. Retrieved August 5, 2004, from <http://www.njssna.org/AdminCode.htm>.

*New law bars schools from recommending medication.* (2001). *The Brown University Child and Adolescent Behavior Letter*, 17, 3.

A new Connecticut law prohibited teachers, counselors, and other school personnel from recommending psychiatric drugs for school children. Staff members would be able to recommend that a child be evaluated “by an appropriate practitioner.” The law also said that a parent’s refusal to place a child on a psychotropic drug shall not, in and of itself, constitute grounds for the DCF to take a child into custody.

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*New Mexico Occupational and Professional Licensing, Nursing and Healthcare Related Providers, Title 16, Chapter 12, Part 2.* (n.d). Sante Fe: New Mexico Administrative Code.

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New Mexico State Department of Education. (2001). *New Mexico school health manual.* Sante Fe: New Mexico State Department of Education.

*New York State Consolidated Laws.* (n.d.). Retrieved June 17, 2002, from <http://assembly.state.ny.us/leg/?cl=30&a=43>.

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New York State Department of Education. (n.d.). *Use of epinephrine auto-injector devices in the school setting.* Retrieved August 23, 2004, from <http://www.op.nysed.gov/nurse-epipen.htm>.

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New York State Department of Education & The University of the State of New York. (1995). *The provision of nursing tasks and health-related activities in the school setting for*

*students with special health care needs.* Albany: New York State Department of Education & The University of the State of New York.

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*New York State nurse practice act.* (n.d.). Retrieved August 23, 2004, from [http://www.emsc.nysed.gov/sss/Laws-Regs/Health\\_Services/Nurse\\_Practice\\_Act-full.htm](http://www.emsc.nysed.gov/sss/Laws-Regs/Health_Services/Nurse_Practice_Act-full.htm).

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*News: School Health Services, 18(1).* (2001). Des Moines: Iowa School Health Services, Iowa Department of Education, School Health Program.

Nichols, P. (1999). *Memorandum: School health services delivery.* Lansing: State of Michigan, Department of Education.

Niederberger, M. (2002). Wanted: School nurses, with more students on medications and increasing diagnoses of asthma and diabetes, some believe it's time districts hired additional medical staff. *Pittsburgh Post-Gazette.*

This article outlined the growing challenges faced by school nurses with increasing workloads. Larger student bodies, increased medication administration, and increased paperwork made it difficult for school nurses to perform their functions. Mainstreaming special needs students added another dimension to their work.

North Dakota Board of Nursing. (n.d.). *School nursing questions & answers.* Retrieved December 6, 2004, from [www.ndbon.org/education/default\\_sub14.html](http://www.ndbon.org/education/default_sub14.html).

*North Carolina Administrative Code, Title 21 Occupational Licensing Boards, Chapter 36, Board of Nursing.* (n.d.). Retrieved August 16, 2002, from <http://www.ncbon.com/Forms/NCAdminCode.pdf>.

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North Carolina Board of Nursing. (n.d.). *Continued competence.* Retrieved August 16, 2002, from <http://www.ncbon.com/prac-contcomp.asp>.

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- North Carolina Board of Nursing. (n.d.). *None-nursing activities that may be performed by an RN or LPN*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-nonnurse.asp>.
- North Carolina Board of Nursing. (n.d.). *Nurse aide I tasks*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-naitasks.asp>.
- North Carolina Board of Nursing. (n.d.). *Nurse aide II tasks*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-naiitasks.asp>.
- North Carolina Board of Nursing. (n.d.). *Nurse aide II tasks performed by nurse aide I personnel*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-naiiby1.asp>.
- North Carolina Board of Nursing. (n.d.). *RN Interpretative Statements*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-rnistate.asp>.
- North Carolina Board of Nursing. (n.d.). *Special notice regarding category II activities*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-specnotice.asp>.
- North Carolina Board of Nursing. (n.d.). *Tasks to be delegated by the RN to nurse aide IIs who are also EMT-intermediates or paramedics*. Retrieved August 16, 2002, from <http://www.ncbon.com/prac-rntasks.asp>.
- North Carolina framework for delegation decision-making by the licensed nurse*. (2000). Retrieved August 10, 2004, from <http://www.ncbon.com/forms/Framework%20for%20Delegation%20Decision-Making.pdf>.
- North Carolina General Assembly General Statutes 115C-307*. (n.d.). Retrieved August 10, 2004, from [http://www.ncga.state.nc.us/Statutes/GeneralStatutes/HTML/BySection/Chapter\\_115C/GS\\_115C-307.html](http://www.ncga.state.nc.us/Statutes/GeneralStatutes/HTML/BySection/Chapter_115C/GS_115C-307.html).
- North Carolina school nurse to student ratio by local education agency*. (2002-3). Raleigh: North Carolina Division of Public Health, Department of Human Services, Public Schools of North Carolina, & Department of Public Instruction.

Northcott, H.C. & Bachysky, J.A. (1993). *Concurrent Utilization of Chiropractic, Prescription*

Medicines, Nonprescription Medicines and Alternative Health Care. *Social Science Medicine*. 37, 3: 431-435.

North Dakota Board of Nursing. (n.d.). *School nursing Questions & Answers*. Retrieved December 6, 2004, from [http://www.ndbon.org/education/default\\_sub14.html](http://www.ndbon.org/education/default_sub14.html).

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North Dakota Board of Nursing. (n.d.). *Medication administration FAQ*. Retrieved August 16, 2002, from [http://www.ndbon.org/unlicensed/medication\\_assistant\\_faq.html](http://www.ndbon.org/unlicensed/medication_assistant_faq.html).

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North Dakota Department of Public Instruction. (2002). *Connecting the links between health & academics*. Bismarck: North Dakota Department of Public Instruction.

*Nurse Practice Act Title 33: Chapter 21 – Nurses*. (n.d.). Retrieved August 21, 2002, from <http://legisweb.state.wy.us/statutes/titles/title33/chapter21.htm>.

Nykamp, D. (1995). OTC medication use in children presents opportunities for pharmacist intervention and involvement. *American Pharmacy NS35*, 11-29.

This continuing education unit for pharmacists focused on the treatment of pediatric illnesses that are commonly treated with nonprescription products. Parents and caretakers frequently seek the advice of a pharmacist and need to be counseled on the use of these products. The author also stated that the pharmacist should be able to recognize the clinical presentation of common pediatric illnesses and should be able to make recommendations for treatment and for referral to a physician, where appropriate.

In particular, the unit covered dosage determination and administration guidelines in detail, when to call the doctor, and common pediatric problems (respiratory illnesses, congestion, constipation, sunscreens, fever and pain, pinworm infestation, and diarrhea).

Office of Children, Youth and Families. (2002). *Medication administration: A system of best practice*. Harrisburg: Department of Public Welfare.

Ohio Board of Nursing. (2001). *Nursing Standards & Delegation: A guide to Ohio Board of nursing rules*. Columbus: Ohio Board of Nursing.

Ohio Department of Public Safety. (2001). *Emergency guidelines for schools, 2<sup>nd</sup> edition*. Columbus: Ohio Department of Public Safety.

Oklahoma Board of Nursing. (2001). *A decision-making model for determining RN/LPN scope of practice: Model for scope of nursing practice decisions*. Retrieved August 18, 2002, from <http://www.youroklahoma.com/nursing/prac-decmak.pdf>.

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Oklahoma Board of Nursing. (1998). *School nurse position statement*. Retrieved August 18, 2002, from <http://www.youroklahoma.com/nursing/schlnurse.pdf>.

Oklahoma State Department of Education. (2004). *Chapter 1, Oklahoma School Code. Section 20 – 21, p11-13*. Retrieved from <http://www.sde.state.ok.us/home/defaultns.htm>.

Olk, D.G. (June 2000). Clinical Tip: Handy handouts help get the dose right. *Contemporary Pediatrics*.

Olson, C. (Fall 2003). Q&A w/Nurse Christy. *Allergy & Asthma Today*. 20 & 22.

O'Meara, K.P. (August 23, 1999). Playing Doctor in Public Schools. *Insight on the News*. Education, p 18.

*Oregon Regulations OAR 581-021-0037, School staff designation and training of medications*. (1997). Retrieved August 19, 2002, from <http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/medicationadmin.pdf>.

*Oregon Regulations ORS 339.870, Liability of School Personnel, Administering Medications*. (1997). Retrieved August 19, 2002, from <http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/medicationadmin.pdf>.

*The other drug problem in schools; school nurses report medication errors.* (2001). *American Journal of Nursing*, 101, 20.

This piece of literature reported on a study examining medication administration practices of school nurses. Medication errors emerged as a rising concern, with missed doses being the number one type of error. Almost half of the school nurses reported medication errors in their schools during the past year. Use of unlicensed assistive personnel was estimated to be a factor, with errors 3.1 times more likely to occur when unlicensed assistive personnel were used.

Ott, V. (1999). Supreme court ruling may impact UAP use in school nursing. *Insight*, 8(1).

Owada, M., Nitadori, Y, & Kitagawa, T. (February 1998). Treatment of NIDDM in Youth. *Clinical Pediatrics*. 37: 117-122.

Pathfinder Family Center (North Dakota). *A parent and educators guide to Section 504 of the Rehabilitation Act of 1973*. Retrieved from <http://www.pathfinder.minot.com/index2.html>.

The article defined Section 504 and 504 Plans and how they applied to persons with disabilities. Section 504 protects the civil and constitutional rights of persons with disabilities. It defines disability as a mental or physical impairment that substantially limits one or more of a person's major life activities. The article explained eligibility, services, accommodations, district responsibilities, the role of a 504 coordinator, and parent/student rights relating to students with disabilities.

Pattishall, E. (November 10, 2001). *Presentation handouts: Evidence Based Medicine*. American School Health Association Annual Conference (2001). Contact [pattishalle@MHS-PA.org](mailto:pattishalle@MHS-PA.org).

Pennsylvania Department of Public Welfare. (n.d.). *Medication administration training curriculum*. Retrieved August 19, 2002, from <http://www.dpw.state.pa.us/child/adoptionfostercare/003670955.htm>.

Pennsylvania Department of Public Welfare. (2002). *Medication administration: A system of best practice: Resources for policy and procedures development and staff training*. Harrisburg: Department of Public Welfare.

Pennsylvania Department of Public Welfare. (2002). *Medication Administration: A system of best practice: Users' guide*. Harrisburg: Department of Public Welfare.

*Pennsylvania Nurse Practice Act, PL 409, No. 109*. (n.d.). Retrieved July 26, 2004, from [http://www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs\\_board/nurseact.pdf](http://www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs_board/nurseact.pdf).

Peraino, R.A. (February 12, 2002). Avoiding Medication errors and Minimizing adverse drug events – one small step. *Healthcare Review*.

*Performance of selected nursing procedures in school settings.* (n.d.). Retrieved 3-2-2004 from <http://www.ksbn.org/npa/pages/60-15-101.doc>.

Perry, C. & Toole K. (September 2000). Impact of School Nurse Case Management on Asthma Control in School-Aged Children. *Journal of School Health, 70, 7:* 303-304.

Persaud D., Barnett S., Weller S., C., Baldwin C., Niebuhr, V., & McCormick D. (1996). An asthma self-management program for children, including instruction in peak flow monitoring by school nurses. *Journal of Asthma, 33,* 37-43.

This excellent article described a study of in-school asthma programs for grade-school children with moderate to severe asthma to see if the patients had more self-knowledge/self-care with school nurse intervention/education. The article did not specifically discuss the use of medications and the nurses' role in providing medications in school settings. It did, however, show that education of children is very useful in treatment of the disease and improvement in outcomes of the disease.

A control group and educated group showed that the group of people with asthma that had one-on-one training with nurses were able to control their anxiety when an attack occurred, and nurses were able to provide care quicker to those in the intervention group vs. the control group.

Pharmacy Community Care Liaison Group. (1997). Medicines in schools: Implementing good practice in mainstream schools - a guide for pharmacists. *Pharmaceutical Journal 258,* 69-72.

This was a British article about the British system for medication administration in schools. It covered how medication should be labeled, the responsibilities of parents, school nurses, doctors, local education authorities, and school staff members. It briefly described how to handle out-of-school activities, clubs/sports, and travel to and from school. It specifically addressed recommendations for inhaler use, analgesics, non-prescribed medications, emergency medications, epinephrine, rectal diazepam, and glucose. Lastly it discussed appropriate record keeping by schools and staff, education, and training.

Philip E. Johnson, P., Hayes, J., Reinstein, V., Simmons, S., & Benson, J. (2003). *Medication use in schools: Resource manual, Florida edition.* Tallahassee: Florida Society of Health System Pharmacists.

Poulton, B. (1991). School nurses should be able to dispense lotion for head lice. *Nursing Times, 87,* 12.

This fairly short editorial was written in support of nurses in English schools being able to dispense head lice lotion to children and their parents. Head lice products are prescription items in the United Kingdom. The writer made the argument that while

school nurses educated parents regarding head lice and head inspection, they should also be able to dispense head lice lotion accordingly.

Price, J., Dake, J., Murnan, J., & Telljohann, S. (2003). Elementary school secretaries' experiences and perceptions of administering prescription medication. *Journal of School Health* 73, 373-379.

*Promoting Safe Responses: A Partnership/Shared Responsibility Model for Emergency Mediation Management In the School Setting (Working Draft)*. (2004). Minneapolis: School Nurse Organization of Minnesota, Minnesota Department of Health, Minnesota Board of Nursing.

Putnam, D. (December 3, 1996). *No Drug Is Safe When It's Taken To School*. The Plain Dealer, Editorials & Forum; 8B.

*Q&A: Administration of Prescription Medications*. (1997). *Your School and the Law*, 27.

*R 338.10101 to R 338.10705, Michigan Nurse Practice Administrative Code*. (n.d.) Lansing: Michigan Department of Consumer and Industry Services.

*Recommendations for individual diabetes care plan guidelines*. (n.d.). Retrieved August 16, 2002, from [http://www.nchealthyschools.org/nchealthyschools/htdocs/Diabetes%20Final%20Report%2012\\_10\\_02.pdf](http://www.nchealthyschools.org/nchealthyschools/htdocs/Diabetes%20Final%20Report%2012_10_02.pdf).

*Report side effects of herbal medicine*. (7-31-2002). Associated Press. Retrieved 8-01-02 from <http://www.NursingHands.com/New/NewsStory.html?1003574>.

*Research Alert: Mayo Clinic study examines frequency of Attention-Deficit/Hyperactivity Disorder (AD/HD)*. (2002). Rochester: Mayo Clinic.

Incidence of attention deficit hyperactivity disorder (ADHD) was at 7.5%, according to the Mayo Clinic. Estimates in prior studies ranged from 1-20%. This study was more stringent: the criteria required both a clinical diagnosis of ADHD and medical and school records. Some previous studies only included a single teacher questionnaire or lay diagnostic interview. The results should help determine how many children in the United States have ADHD and how many should expect treatment.

Reutzel, T., Patel, R., & Myers, M. (January/February 2001). Medication management in primary and secondary schools. *Journal of the American Pharmaceutical Association (Wash)*, 41,1: 67-77.

This is a literature review describing the complexity of the topic of medication management in schools. It did not address specific types of medications. It concluded by pointing out that pharmacist and pharmacy schools are an untapped resource that could partner with school nurses to help provide drug information, education, and training.

*Revised Code of Washington 28.A.210.260: Public and private schools – administration of oral medications by – immunity from liability – discontinuance, procedure.* (1990). Retrieved September 17, 2001, from the Washington State Legislature.

*Revised Code of Washington 28.A.210.270: Public and private schools – administration of oral medications by – conditions.* (1994). Retrieved September 17, 2001, from the Washington State Legislature.

*RN Scope of Practice.* (n.d.). Retrieved August 15, 2002, from <http://pr.mo.gov/boards/nursing/RNSCOP1.pdf>.

Ricciuti, J. S. (2000). Report on the National Summit on Medical Errors and Patient Safety Research. *Medscape Pharmacists*. 1,2. Retrieved November 20, 2002, from <http://www.medscape.com/viewarticle/408569>.

Roberts M., & DuPaul G. Role for School Psychologists Evaluating Medication Effects for Students with Attention Deficit/Hyperactivity. *National Association of School Psychologists Communiqué*. 28,6. Retrieved June 20, 2002, from <http://www.nasponline.org/publications/cq286ADDMeds.html>.

Rosenfeld, J. (March 1998). EDLAW, Inc. Briefing Paper: Is your school educating students or practicing medicine? *EDLAW, Inc VII*, 1-8.

The authors described a court case involving a school district and parents of an attention deficit hyperactivity disorder (ADHD) student. The school district's policy directed that medications not be administered during school hours when dosages exceeded those recommended as maximums in the Physicians Desk Reference, as can happen with a high dose of Ritalin prescribed by a physician. The school attempted to make accommodations for the family to give medication outside the school day, but the family sued the school under discrimination acts. The courts ruled that the school did not discriminate against the child on the basis of disability. After describing the rulings of the court, the author added personal commentary, disagreeing with the court decision. The author questioned the qualifications and rights of a school board to review prescriptions and dosages and to even not follow a physician's order for medication.

Ross, S. (1999). The clinical nurse specialist's role in school health. *Clinical Nurse Specialist*, 13(1), 38-32.

Rowland, A.S., Mach, D.M., Stall one, L., Natal, A.J., Bowleg, M., & Sander, D.P. (February 2002). Prevalence of Medication Treatment for Attention Deficit-Hyperactivity Disorder Among Elementary School Children in Johnston County, North Carolina. *American Journal of Public Health*. 92, 2: 231-234.

Roy, A. (1992). Attitude of Children Towards Medication and Health in Urban and Rural Schools of Tamil Nadir. *Indian Journal of Pediatrics*, 59: 239-247.

*Rules of Department of Health and Senior Services, Division 30 – Division of Health Standards and Licensure, Chapter 84 – Training Program for Nursing Assistants.* (2001). Retrieved August 15, 2002, from <http://www.sos.mo.gov/adrules/csr/current/19csr/19c30-84.pdf>.

*Rules of Department of Health and Senior Services, Division 45 – Division of Mental Retardation and Developmental Disabilities, Chapter 3 – Care and Habilitation.* (2001). Retrieved August 15, 2002, from <http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-3.pdf>.

*Rules of the Ohio Board of Nursing, Chapters 4723-1 to 4723-22.* (n.d). Columbus. Ohio Board of Nursing.

Safer, D.J. & Malvern, M. (September 2000). Stimulant Treatment in Maryland Public Schools. *Pediatrics.* 106, 3: 533-538.

Salerno, L. (November 21, 1996). School Policy on Medications Can Be A Pain. *Omaha World Herald.* Youth Section: 35.

Salmon, M. (1994). School (health) nursing in the era of health care reform: What is the outlook? *Journal of School Health* 64, 137-140.

This article examined the then-current status (1994) and future of school nursing, including new paradigms for school health. The author concluded by saying there were great opportunities for school health nurses to contribute to school health services and to work with policymakers and administrators to enhance the health of children and ensure realization of the potential of school health nurses. She wrote that new messages, new perspectives, increased knowledge, and new alliances needed to be developed in a short time.

*Sample student medication policy.* (1999). *School Violence Alert*, 5.

Sanchez, R. & Benning, V. (1996). Fearing abuse and lawsuits, schools just say no to legal drugs. *Washington Post*.

This article focused on school districts' responses to students having legal drugs (over-the-counter medications) in their possession in the school setting. It discussed situations in which schools were suspending or expelling students for maintaining or sharing legal drugs in the school setting and whether this was over-reaction.

Sander, N. (2002). Making the grade with asthma, allergies, and anaphylaxis. *Pediatric Nursing* 28, 593-598.

With asthma, allergies, and anaphylaxis health problems, the authors felt that students should be allowed to carry their medication on their persons and that the school nurse is there to educate the child and family.

Sander, N. (Spring 2003). Puffs, Sprays, Powders & Mists, Oh My. *Allergy & Asthma Today.* Minnesota Guidelines for Medication Administration in Schools - May 2005  
Minnesota Department of Health

16-21.

Sapien, R. & Allen, A. (2000). School preparation for the asthmatic student. *Journal of Asthma* 37, 719-724.

A survey of school nurses in New Mexico in 1996-1997 assessed the preparation of public schools to care for asthmatic students. The results showed that preparation was lacking—many students (25%) did not have a plan, and the necessary monitoring equipment, emergency equipment, and treatment modalities were lacking. The recommendations of a study published in Australia suggested training for school staff and having asthma first-aid kits available.

Schaffer, M., Cameron, M., & Tatley, E. (December 2000). The Value, Be Do Ethical Decision-Making Model: Balancing Student's Needs in School Nursing. *The Journal of School Nursing*. 16, 5: 44-49.

Schinker, E., & Grant, L. (2003). Medical home meets educational home: How you can make the most of school health services. Retrieved from <http://www.medscape.com/viewarticle/451832>.

Schlitt, J. J. (1991). *Issue Brief: Bringing Health to School: Policy Implications for Southern States*. Southern Center on Adolescent Pregnancy Prevention and Southern Regional Project on Infant Mortality.

Schneider, P.J. (2002). Applying Human Factors in Improving Medication-Use Safety. *American Journal of Health-System Pharmacists*. 59, 12: 1155-1159.

School District Not Required to Administer Excess Medication. (December 1997). *Early childhood report: children with special needs & their families*. 8, 12.

Schwab, N. & Haas, M. (February 1995). *Journal of School Nursing*. 11,1: 26-34.

Schwab, N.C. and Gelfman, M.H.B. (editors). (2001). *Legal Issues in School Health Services*. North Branch, Minnesota: Sun Rise River Press.

Schwab, N.C. and Pohlman, K.J. (August 2000). Managing Risks in Professional and Clinical Performance Dilemmas: Part II. *The Journal of School Nursing*. 16, 3: 47-52.

School allowed to give students their medicine. (October 7, 1996). *Seattle Times*. Local News, Education Q&A, B2.

*School Handling of Medication*. Institute of Safe Medication Practices. Retrieved March 13, 2003, from <http://www.ismp.org/consumer/school.html>.

*School health advisory councils*. (n.d.). Retrieved May 18, 2004, from <http://www.schoolhealth.org/schcoun.html>.

*The school nurse: A guide to responsibilities.* (n.d.). Dover: Delaware Department of Education.

*School Health Programs: Recommendations for Policies and Priorities in a School Health Program.* (1-2001). Wyoming Department of Health.

*The school nurse and delegation.* (2002). Denver: Colorado Department of Education.

*School nurse licensure.* (2001). Denver: Colorado Department of Education.

*School Nurse Health Manual.* (1992). Wyoming School Nurses Association.

School Nurse Organization of Minnesota. *Promoting Safe Responses. A Partnership/Shared Responsibility Model for Emergency Medication Management in the School Setting.* Unpublished: Minneapolis, MN.

School Nurse Organization of Minnesota, Minnesota Department of Education, the American Diabetes Association serving Minnesota, & the Minnesota Department of Health. (November 2003). *Helping the Student with Diabetes Succeed. A guide for school personnel. Supplementary materials for implementation in Minnesota.* Retrieved from <http://www.mnschoolnurses.org>.

*School nurse student services job description.* (n.d.). Retrieved August 10, 2004, from [http://www.ncpublicschools.org/employment/license/school\\_nurse.html](http://www.ncpublicschools.org/employment/license/school_nurse.html).

*School safety plans and resources.* (n.d.). Retrieved July 21, 2004, from <http://www.ade.az.gov/schooleffectiveness/health/schoolsafety/plansresources.asp>.

*Schools, administrative rules of Montana.* (n.d.). Retrieved July 26, 2004 from, [http://www.dphhs.state.mt.us/hpsd/pubheal/healsafe/pdf/schools\\_rules.pdf](http://www.dphhs.state.mt.us/hpsd/pubheal/healsafe/pdf/schools_rules.pdf)

Schwab, N. & Haas, M. (1995). Delegation and supervision in school settings: standards, issues and guidelines for practice (Part 1). *Journal of School Nursing 11*, 26-35.

This article discussed nursing standards of practice and the difficulties posed when implementing them in the school setting. It specifically compared how school nurses and administrators view the Nurse Practice Act and who should be responsible for the delegation of health care in the school setting. In addition, it spoke to other factors that contribute to and cause roadblocks in providing appropriate standards of care for students (e.g., budget constraints).

Schwab, N. & Pohlman, J. (2000). Managing risks in professional and clinical performance dilemmas: Part II. *Journal of School Nursing 16*, 47-52.

The school nurse must be knowledgeable of the state's nurse practice act and American Nurses Association and National Association of School Nurses' standards of professional practice, civil rights, and special education laws, as well as ethical principles. If the

school nurse gives in to the district's pressure to delegate nursing activities to an aide, she may face liability for injuries, according to the authors.

Schwab, N.C. and Gelfman, M.H.B. (editors). (2001). *Legal Issues in School Health Services*. North Branch, Minnesota: Sun Rise River Press.

Schultze, R. (1999). Reading, writing and Ritalin: The responsibility of public school districts to administer medications to students. *Creighton Law Review*, 32, 793

Scott, C., Lore, C., & Owen, R. (1992). Increasing medication compliance and peer support among psychiatrically diagnosed students. *The Journal of School Health*, 62, 478-80.

Scott, R.C., Besag F.M.C., & Nevile B.G.R. (1999). Buccal midazolam and rectal diazepam for treatment of prolonged seizures in childhood and adolescence: randomized trial. *The Journal of Pediatrics, Abstracts from the Literature*. 135, 3: 398-399.

Section .0700 – Nurse Licensure Compact. (n.d.). Retrieved August 16, 2002, from [http://www.ncbon.com/forms/NLC%20Rule700\\_705.pdf](http://www.ncbon.com/forms/NLC%20Rule700_705.pdf).

Section 3313.713, *Ohio Revised Code for Nursing Practice*. (1998). Retrieved July 26, 2004, from <http://www.nasbe.org/HealthySchools/States/Ohio.html>.

Section B scope of authorized functions (Numbers 31-76). (1995). Retrieved August 19, 2002, from <http://www.teaching.state.pa.us/teaching/cwp/view.asp?A=131&Q=3308>.

*Seattle Public Schools*. (2001). *Medication Administration Policy*. (Wash.), 41, 67-77.

The article reviewed federal law requirements and Washington State laws on medication administration in the school setting. It outlined requirements for written requests and authorizations and how medications must be labeled and stored. The article also reviewed student legal rights and the implications of their age.

Section C policies pertaining to staffing (Numbers 80-114). (1996). Retrieved August 19, 2002, from [http://www.teaching.state.pa.us/teaching/cwp/view.asp?A=131&QUESTION\\_ID=33337](http://www.teaching.state.pa.us/teaching/cwp/view.asp?A=131&QUESTION_ID=33337).

Selekman, J., Thomas, E., & McLean, K. (1998). The school nurse's role in homeopathic interventions. *Journal of School Health*, 68, 342-5.

Selerno, L. (1996). School policy on medications can be a pain. *Omaha World Herald*.

Written by a high school student, the article focused on over-the-counter medications being carried by high school students. Omaha School District policy prohibited self-carry and medications were to be brought to the school nurse (no mention of licensing) with a physician/parent note. The article definitely focused on the students feeling

inconvenienced by the policy and how “unfair” it was. There was no mention of safety, overdosing, etc.

Sendeljas, J. (2002). Schools note new law letting students bring prescribed inhalers. *Houston Chronicle*.

This newspaper article was published after a new Texas law allowed asthmatic students to carry prescribed inhalers during the school day. Schools were finding they had many more students diagnosed with asthma, therefore more students coming to school with inhalers and nebulizers. The article addressed the legalities of having students self-administer their asthma inhalers (e.g., paperwork for parents and physicians, documentation that students understand use of inhalers and demonstrate proper use). School nurses need to touch base with students regarding how the students are doing, how medications are working, etc.

Sergi, T. (December 13, 2001). *Re: Public Act 01-124 Concerning Recommendations For and Refusal of the Use of Psychotropic Drugs by Children*. Connecticut Commissioner of Education, Circular Letter: C-12.

Sergi, T. (May 14, 1999). *United States Supreme Court Decision: Cedar Rapids Community School District v. Garret F. issued on March 3, 1999*. Connecticut Commissioner of Education, Circular Letter C-27.

*Serving students with special health care needs*. (n.d.). Retrieved July 26, 2004, from [http://www.kdhe.state.ks.us/c-f/guidelines/special\\_needs.pdf](http://www.kdhe.state.ks.us/c-f/guidelines/special_needs.pdf).

Shackelford, J. (2003). *Dose for dose*. National Association of School Nurses. Retrieved from <http://www.nasn.org>.

Every day millions of children receive medication at school. There is widespread inconsistency in the distribution of medications in schools. The authors stated that, at the time the article was published, 75% of medications given in schools were given by someone other than a nurse, resulting in those students being three times more likely to miss a dose. The article also stated that “many school personnel aren’t aware of safety and legal issues” surrounding this task and went on to identify key issues and listed the National Association of School Nurses’ guidelines for safe medication administration in school.

Shea, D. (Dec '92 – Jan '93). Crisis in the classroom: How kids with poor health care lose in school. *PTA Today*. 6-8.

Sheetz, A. & Blum, M. (1998). Medication administration in schools: The Massachusetts experience. *Journal of School Health*, 68, 94-8.

This is not an opinion article. It is a fact-based report on how the State of Massachusetts changed their medication model for schools and developed Massachusetts regulations. There were some similarities and some differences with the Minnesota model. After meeting with parents, nurses, and others, a plan was designed for increased safety and

flexibility in medication administration in schools. It is a very informative, well-written article.

Sigsby, L. & Campbell, D. (1995). Nursing interventions classification: A content analysis of nursing activities in public schools. *Journal of Community Health Nursing* 12, 229-237.

This article compared nursing diagnoses/treatments in home health nursing to public school nursing in an effort to develop a classification system to document services provided by school nurses. The authors found that existing systems appear to be geared to hospital settings delivering services to more acutely ill adult patients, in contrast to school settings where nurses provide care focused on health promotion and illness prevention.

Simon, R. (March-April 1996). Ibuprofen suspension: Pediatric antipyretic. *Pediatric Nursing* 22, 2: 118-120.

Pediatric ibuprofen's actions and effectiveness (lowering body temperature/fever) were described. For purposes of this article, it was considered as an over-the-counter medication for children. The authors discussed adverse reactions, drug interactions, precautions, and suggestions about which are of concern, with reference to pertinent research studies. Nursing implications about working with parents/families were covered.

Sklaire, M. (n.d.). *The role of the school physician in the opening of school – the dress rehearsal and the overture*. Retrieved May 17, 2004, from <http://www.schoolhealth.org/violence.html>.

Sklaire, M. (1998). The school health road show: Field trips and school policy. *School Health Newsletter, Winter/Spring*.

This article stated that in order for schools to safely offer field trips, all aspects of the trip should be considered beforehand by the teachers, administration, and school nurse. The teachers in charge of the trip should have training in basic first aid/emergency and administration of medications. If a child cannot safely be part of the trip, then the trip itself should not take place.

Slack, M. & Brooks, A. (1995). Medication management issues for adolescents with asthma. *American Journal of Health-System Pharmacy*, 52, 1417-1421.

Graduate students recruited 28 adolescents aged 13-17 for focus groups and surveys regarding asthma dx, medication compliance, sources of information, attitudes toward dx and taking medications, peer attitudes, etc. The article described the teens' desire to manage their medications themselves and how they disobeyed adults or broke rules if obedience or the rule impinged substantially on their ability to manage acute asthma symptoms. The disobedience resulted from inappropriate adult pressure, not from teens' unwillingness to submit to authority.

Some teens reported fear during an attack/episode that increased by having to go to the nurse's office for tx due to schools' "no drug" policy (all medications kept in nurse's office). Students were generally found to be compliant with asthma tx and peers were supportive.

Smaldone, A. & Dychkowski, L. (2002). Blood glucose testing in the classroom: what are the pros and cons for students and for school nurses? *School Nurse News*, 19, 44-7.

This article evaluated the pros and cons of glucose testing in sites other than health offices (i.e., classrooms). It suggested that the three main factors to consider are safety, student knowledge and maturity, and school district policy.

Smaldone, A. (2001). Insulin pumps in the classroom: school nurses can make the difference between success and failure. *School Nurse News*, 18, 12-4.

This was a short "how to" article for school nurses encountering students using insulin pumps at school. It contained an overview of the advantages of use of insulin pumps as well as a list of critical skills that school nurses must possess to safely manage the care of a student with an insulin pump. Schools may need policies on the scope and extent that school personnel administer or assist with medication, treatment, or the technology. Younger students might especially need help or supervision with administration of diabetes therapy.

Small, M., Majer, L., Allensworth, D., Farquhar, B., Kann, L., & Pateman, B. (1995). School health services. *Journal of School Health*, 65, 319-26.

This article discussed results from a survey, "The School Health Policies and Programs Study." The study collected data from 51 state-level education agencies, hundreds of district-level education agencies, and schools to assess school health services policies and practices for K-12. The study concluded that the roles, responsibilities, and training of health services staff in schools were not as well defined as the requirements for specific services (e.g., non-nurses do first aid in many cases). The authors concluded that a long-term commitment from health and education professionals was needed to improve student health services.

Smetzer, J. (2001). Take 10 giant steps to medication safety: Find out how a "systems" approach helps prevent errors. *Nursing*.

These 10 suggestions focused on different important factors in safely prescribing, dispensing, and administering drugs. They were (1) know the patient, (2) know the drugs, (3) communicate clearly, (4) beware of look-alike and sound-alike drug names, (5) restrict and standardize drug storage, stock, and distribution, (6) assess drug delivery devices and maintain competency using them, (7) don't sabotage yourself, (8) educate the staff, (9) encourage patients to become part of the safety net, and (10) target the process, not the practitioner.

Smithkey, J. (2003). *Delegation of nursing tasks and medication administration*. Ohio: John Smithkey III.

Smith, E. & Kendrick, A. (1992). A survey of management of asthma in schools in Avon. *Journal of the Royal College of Physicians of London*, 26, 65.

The article focused on survey results about asthma care in state schools in Avon, England. In secondary schools, most students were allowed to carry inhalers. In elementary levels, there was a *wide* variety of care, practices, knowledge, and *no* mention of nursing care. There was no protocol or management strategies anywhere or set/designated responsible adults. No medical or safety supervision was in place for asthmatic students.

Smith, T.K., Brener, N.D., Kann, L., Kinchen, S.A., McManus, T. & Thorne, J. (September 2001). Methodology for the School Health Policies and Programs Study 2000. *Journal of School Health*. 71, 7: 260-265.

Snyder, A. (1996). Nursing Law And Education Law: A Practice Dilemma For School Nurses. *Medicine and Law*, 15, 271-6.

This article looked at the limits of the Nurse Practice Act in New Mexico, which prohibited delegation of medication administration. With the increase of medications administered in schools, nurses are in jeopardy of losing their licenses if they aren't able to personally give the medications, even though they may cover several schools. Legal counsel in Albuquerque allowed health assistants to "assist" competent students to take their medication. The physician was responsible for identifying the student as competent.

Sorensen, H.T., Mellemkjaer, L, Blot, W.J., Nielsen, G.L., Steffensen, F.H., McLaaughlin J.K., and Olsen, J.H. (September 2000). Risk of Upper Gastrointestinal Bleeding Associated With Use of Low-Dose Aspirin. *The American Journal of Gastroenterology*. 95, 9: 2218-2224.

South Carolina Board of Nursing. (2002). *Position statement: Telephone and electronic prescriptions*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/index.asp?file=teleelectronicprescriptions.htm>.

South Carolina Board of Nursing. (2001). *Advisory opinion #40*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/adop40.htm>.

South Carolina Board of Nursing. (2001). *Advisory opinion #36*. Retrieved August 20, 2002, from, <http://www.llr.state.sc.us/POL/Nursing/adop36.htm>.

South Carolina Board of Nursing. (2001). *Advisory opinion #35*. Retrieved August 20, 2002, from, <http://www.llr.state.sc.us/POL/Nursing/adop35.htm>.

- South Carolina Board of Nursing. (2001). *Position statement: The practice of nursing in a school setting*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/index.asp?file=schoolsetting.htm>.
- South Carolina Board of Nursing. (1995). *Position statement: Assisting with medications*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/index.asp?file=asstwithmeds.htm>.
- South Carolina Board of Nursing. (1995). *Advisory opinion #31*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/adop31.htm>.
- South Carolina Board of Nursing. (1995). *Position statement: Delegation of nursing care tasks to unlicensed assistive personnel (UAP)*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/index.asp?file=uaptasks.htm>.
- South Carolina Board of Nursing. (1989). *Advisory opinion #27*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/adop27.htm>.
- South Carolina Board of Nursing. (1987). *Advisory opinion #28*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/adop28.htm>.
- South Carolina Board of Nursing. (1987). *Advisory opinion #11*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/adop11.htm>.
- South Carolina Board of Nursing. (1987). *Advisory opinion #10a*. Retrieved August 20, 2002, from <http://www.llr.state.sc.us/POL/Nursing/adop10.htm>.
- South Dakota Board of Nursing. (n.d.). *Advisory opinions and position statements*. Retrieved August 22, 2002, from <http://www.state.sd.us/doh/nursing/opinion.htm>.
- South Dakota Board of Nursing. (n.d.). *Frequently asked questions*. Retrieved August 22, 2002 from, <http://www.state.sd.us/doh/nursing/faq.htm>
- South Dakota Board of Nursing. (n.d.). *Guidelines for approval of medication administration program*. Retrieved August 22, 2002, from <http://www.state.sd.us/doh/nursing/nursguide.htm>.
- South Dakota Board of Nursing. (n.d.). *Medication administration program requirements*. Retrieved August 22, 2002, from <http://www.state.sd.us/doh/nursing/progreq.htm>.
- South Dakota Board of Nursing Administrative Rule 20:48*. (n.d.). Pierre: South Dakota Board of Nursing.
- South Dakota Nurse Practice Act 36:9:30*. (n.d.). Pierre: South Dakota Board of Nursing.

*South Dakota Statute 13-33A-1 Requirements for School Nurses.* (n.d.). Pierre: South Dakota Department of Education.

Southern Regional Education Board. *Curriculum and Faculty Development in Community-based Care: School Nurses and Nurse Educators Collaborate.* Council on Collegiate Education for Nursing. Atlanta, GA. Southern Regional Education Board. <http://www.sreb.org>.

The Southern Regional Education Board facilitated six workshops that included participants from a number of southern states. The participants were school nurses and nurse educators. The workshops were held in 1999 and included 131 nurses who met in a variety of states for the two-day sessions. The workshops focused on the competencies and needs of school nurses and the programs that train these professionals. Practicing school nurses were encouraged to work with nurse educators in improving curriculum and offering meaningful clinical experience for nursing students. The report provided a lengthy list of examples of collaborations between school districts and institutions of higher learning.

South East Minnesota School Nurse Group. (1998). *Lessons learned: Using a regional approach to change school medication policies.* Rochester District Office: Minnesota Department of Health.

This article summarized a 1998 process used in an 11-country area in Southeast Minnesota by school nurses to implement consistent school policies for medication storage and administration. The article offered an outline of the process that could help support local implementation of school medication policies, interesting examples of how to successfully implement policy change, and lessons learned.

Spotts, P.N. (March 6, 2003). Chemical Kids. *The Christian Science Monitor.*

*Standards of Nursing Practice, Chapter 610-X-6.* (n.d.). Montgomery: Alabama Board of Nursing.

State of California Board of Nursing. (2000). *Complimentary and alternative therapies in registered nursing practice.* Sacramento: State of California State and Consumer Services Agency.

State of California Board of Nursing. (1997). *Standardized procedure guidelines.* Sacramento: State of California State and Consumer Services Agency.

State of California Board of Nursing. (1997). *Standards of competent performance.* Sacramento: State of California State and Consumer Services Agency.

State of California Board of Nursing. (1994). *Unlicensed assistive personnel.* Sacramento: State of California State and Consumer Services Agency.

- State of California Board of Nursing. (1991). *The RN as supervisor*. Sacramento: State of California State and Consumer Services Agency.
- State of California Board of Nursing. (1988). *School nurse function*. Sacramento: State of California State and Consumer Services Agency.
- State of Connecticut Department of Education. (2001). *A Resource Directory of Educational Program and Practices*. Bureau of Special Education and Pupil Services.
- State of Connecticut Department of Education. (2001). *Special services endorsements: Fact sheet #120*. Retrieved August 16, 2002, from <http://www.state.ct.us/sde/dtl/cert/facts01/fact120.htm>.
- State of Delaware Title 14 Education: 1500 Professional Standards Board. (n.d.). Retrieved July 23, 2004, from <http://www.state.de.us/research/AdminCode/title14/>.
- State of Delaware Title 24 Professions and Occupations: Chapter 19. Nursing. (n.d.). Retrieved July 23, 2004, from <http://www.delcode.state.de.us/title24/c019/index.htm#TopOfPage>.
- State of Hawaii Department of Education. (n.d.). *Statute 302A-442*. Retrieved August 20, 2002, from <http://lilinode.k12.hi.us/STATE/BOE/HRS1.NSF/85255a0a0010ae82852555340060479d/4870c7354e8022860a2566d300827a19?OpenDocument>.
- State House Network 2001 Code of Laws Chapter 91 – Department of Labor, Licensing and Regulation – State Board of Nursing. (2001). Retrieved August 20, 2002, from <http://www.scstatehouse.net/>.
- State House Network 2001 Code of Laws Title 40 – Professions and Occupations. (2001). Retrieved August 20, 2002, from <http://www.scstatehouse.net/>.
- State of Illinois Public Acts, 92<sup>nd</sup> General Assembly. (2001). Retrieved June 12, 2002, from <http://www.legis.state.il.us/legislation/publicacts/pubact92/acts/92-0402.html>.
- State Laws Pertinent to School Nursing. (n.d.). Retrieved August 19, 2002, from [http://health.utah.gov/cash/lawsguide\\_ htm.htm](http://health.utah.gov/cash/lawsguide_ htm.htm).
- State of Pennsylvania. (n.d.). *Professional Nursing Law*. Retrieved July 26, 2004, from [http://www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs\\_board/nurseact.pdf](http://www.dos.state.pa.us/bpoa/lib/bpoa/20/nurs_board/nurseact.pdf).
- State of Queensland. (2002). *Department of Education manual, HS-20: Administration of routine and emergency medication and management of health conditions*. Retrieved November 8, 2004, from <http://education.qld.gov.au/corporate/doem/healthsa/healthsa.html>.
- State of Rhode Island and Providence Plantations Department of Health. (2004). *Regulations for the licensing of nurses and standards for the approval of basic nursing education*

programs. Retrieved July 26, 2004, from [http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\\_3039.pdf](http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH_3039.pdf).

State of Rhode Island and Providence Plantations Department of Elementary and Secondary Education & Department of Health. (2000). *Rules and regulations for school health programs*. Retrieved July 26, 2004, from [http://www.rules.state.ri.us/dar/regdocs/released/pdf/DOH/DOH\\_153\\_.pdf](http://www.rules.state.ri.us/dar/regdocs/released/pdf/DOH/DOH_153_.pdf).

*Statute 302A-442: Occupational therapy services, physical therapy services, school health services, mental health services, psychological services, and medical services for diagnostic or evaluative purposes*. (2001). Honolulu: State of Hawaii Department of Education.

*Statutes and regulations: Nursing*. (n.d.). Juneau: Alaska Department of Community and Economic Development.

Sternberg, R.E. & Bailery, J.R. (October 30, 1996). School Drug Rules Strict. *The Columbus Dispatch*. News Local & National, 5C.

*Study finds errors in way schools provide ADHD drugs*. (2001). *Section 504 Compliance Advisor*, 4.

A study by the University of Iowa found that half of 650 nurses reported errors in administering drugs, mostly for attention deficit hyperactivity disorder (ADHD), to students in schools, and almost all of the schools had guidelines for administering the drugs. The study also found that 75% of the school nurses delegated the administration of drugs to non-medically trained people. It concluded that better training, more involved parents, medication plans in individualized education plans (IEPs) or 504s, and review of procedures were needed to improve this problem.

Steinberg, N. (1999). School medicine policy defies logic - and doctor. *Chicago Sun Times*.

Stern This local/national news story from the *Columbus (Ohio) Dispatch* described lack of consistency—but a presumed trend toward strict policies and harsh enforcement—in school stances toward over-the-counter (OTC) medication use by students. For example, some schools suspended or expelled students for carrying OTC medications at school. Highlighted policies demonstrated responses by school administrators that equated OTC to prescription medications. Other commentators noted the need to balance policies focused on safety with efforts to teach students responsibility for their own health care.

*Strategies for Addressing Asthma within a coordinated school health program*. (2000). Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from [www.cdc.gov/healthyyouth/healthtopics/assthma](http://www.cdc.gov/healthyyouth/healthtopics/assthma).

Strawhacker, M. (2001). Multidisciplinary teaming to promote effective management of type 1 diabetes for adolescents. *Journal of School Health, 71*, 213-7.

Intensive diabetes management is critical to prevent further and rapid physiological impacts with adolescents. Effective management is necessary for quality social growth and school involvement and academic success. The support team needs to be a collaborative effort to address academic, social, and health needs with use of health plans. Students may resist following the prescribed treatment plan due to peer group expectations, etc.

Stewart, David. (June 27, 2002). *Superintendent Interpretation, Personnel, Professional Personnel, Monogalis County Schools, Morgantown West Virginia*. Retrieved August 5, 2003, from <http://www.wvde.state.wv.us/interpretations/view/10/151/interpretation.html>.

Stopping Bad Medicine with Good Politics. (September 1993). *NEA Today, 12*.

*Study highlights misconceptions about the appropriate treatment of colds among parents of young children.* (2-21-2003). MCH Alert, Tomorrow Policy Today, National Center for Education in Maternal and Child Health, Georgetown University, Washington DC.

The authors sought to understand why parents make unnecessary visits to doctors for treatment of their children's colds. Their goal was to find helpful areas of intervention at the family level. Children with Medicaid insurance, children younger than six years old and who have a parent younger than 30 years old were more likely to seek medical treatment for a cold, believe antibiotics are used to treat colds, and were more likely to visit doctors' offices for colds. The authors believed education should be addressed at the family level to reduce unnecessary health service utilization.

Stump, J. (2001). *Laws from which community schools are exempt and specifically not exempt*. Columbus: Ohio Legislative Service Commission.

Swanson, J., Cantwell, D., Lerner, M., McBurnett, K., & Hanna, G. (1991). Effects of stimulant medication on learning in children with ADHD. *Journal of Learning Disabilities 24*, 219-230.

This article about the effects of stimulant medication on children with attention deficit hyperactivity disorder (ADHD) focused on academic improvement and effectiveness of each prescription drug, such as Ritalin and Dexedrine. It also discussed dosage effects on behavior.

Sweeney, D., Farness, S., & Kabala, K. (1997). An update on psychopharmacologic medication: What teachers, clinicians, and parents need to know. *Intervention in School and Clinic, 33*, 4-21.

Children with learning or behavioral disorders commonly use stimulant medications, antidepressants or mood stabilizers, antipsychotics, and anticonvulsants, or occasionally

anxiolytics (e.g., Valium) and adrenergic agents (e.g., clonidine). Researchers estimate that 2-3% of all school children and 15-20% of children in special education may be receiving one or more of these drugs at any time. This article discussed the potential uses and abuses of psychopharmacologic therapy with children or adolescents displaying learning, emotional, or behavioral disorders. It explored the indications and contraindications of such therapy and enumerated the known side effects of the most frequently prescribed medications.

Synovitz, L. & Nordness, M. (2002). *Herbal supplements: Use and abuse*. Presented October 3, 2002 at the American School Health Association Conference.

Synovitz, L. (n.d.). *Herbal supplements: Handout of herbal supplements*. Presented October 3, 2002 at the American School Health Association Conference.

Taliaferro, V., & Mazyck, D. (2001). *Medication assistant training: A Maryland initiative*. Presented at the American School Health Association Conference, November.

Tarkan, L. (2002, November 19). Educating schools about life with asthma. *New York Times*.

This *New York Times* article presented the example of an 11-year-old boy who died from an asthma attack because he was unable to access his medication in a timely manner. The report following his death faulted the school policy and inadequate training of teachers to know what to do. Ultimately, the school incurred a \$2.2 million liability.

The article went on to give some information about zero-tolerance drug policies in schools and how the incidence of asthma has increased among children. The second half of the article highlighted recommendations that the Centers for Disease Control have published to help schools prevent and treat asthma. These recommendations include: (1) have a full-time nurse, (2) allow children to carry inhalers (if they are too young to carry, give them easy access), (3) all individuals working with school child should be taught information on asthma triggers, symptoms, and emergency care, (4) environmental triggers should be eliminated, including placing a ban on smoking, and (5) each child with asthma should have a treatment plan.

*Technical assistance manual for school nurses*. (n.d.). Dover: Delaware Department of Education.

*Teenage risk from painkillers*. (1998). *Journal of Advanced Nursing* 27, 885.

This article discussed the use of over-the-counter (OTC) painkillers by teenagers. It gave statistics about the prevalence of their use, misconceptions about their safety, procurement by teenagers, and reasons for use. Teenagers do not consider OTC painkillers to be medication. The authors gave examples of potential risks involved, but also stated that most teenagers appear to take OTC painkillers correctly and safely.

- Temple, L. (February 15, 2000). Disputed duties: Teaching the disabled. *USA TODAY*. Retrieved February 15, 2000, from <http://www.usatoday.com/life/health/child/lhchi129.htm>.
- Tennessee Board of Nursing. (2004). *2004 legislation*. Retrieved August 8, 2004, from [http://www2.state.tn.us/health/Downloads/2004\\_NursingLegislation.pdf](http://www2.state.tn.us/health/Downloads/2004_NursingLegislation.pdf).
- Tennessee Board of Nursing. (2002). Position Statements. Retrieved July 26, 2004, from <http://www2.state.tn.us/health/Downloads/g4021186.pdf>.
- Teplitsky, B. (September 2001). Avoiding the hazards of look alike. *ISMP Medication Safety Alert*. Retrieved June 11, 2002, from [http://www.findarticles.com/cf\\_0/m3231/9\\_31/78566056/print/jhtml](http://www.findarticles.com/cf_0/m3231/9_31/78566056/print/jhtml).
- Terry, R. (n.d.). *Standards of competent performance: Excerpt from California code of regulations, Title 16 – Chapter 14*. Sacramento: State of California, State and Consumer Services Agency, Board of Registered Nursing.
- Terry, R. (n.d.). *School nurse function*. Sacramento: State of California, State and Consumer Services Agency, Board of Registered Nursing.
- Terry, R. (2000). *Complementary and alternative therapies in registered nursing practice*. Sacramento: State of California, State and Consumer Services Agency, Board of Registered Nursing.
- Terry, R. (1997). *Standardized procedure guidelines*. Sacramento: State of California, State and Consumer Services Agency, Board of Registered Nursing.
- Terry, R. (1994). *Unlicensed assistive personnel*. Sacramento: State of California, State and Consumer Services Agency, Board of Registered Nursing.
- Terry, R. (1991). *The RN as supervisor*. Sacramento: State of California, State and Consumer Services Agency, Board of Registered Nursing.
- Texas Department of Health. (June 29, 1998). Role of the School. Report of the School Health Task Force to the Texas Board of Health. Retrieved November 5, 2003, from [http://www.tdh.state.tx.us/schoolhealth/tf\\_9a.htm](http://www.tdh.state.tx.us/schoolhealth/tf_9a.htm).
- Texas Education Agency. IDEA (Individuals with Disabilities Education Act) Special Education Law. Retrieved December 17, 2001, from <http://www.adda-sr.org.idea.htm>.

This is an overview of the special education law, the Individuals with Disabilities Education Act (IDEA), that ensures that all children with disabilities have a free and appropriate public education. Published by the Texas Education Agency, this serves as a general fact sheet listing the overall components of the special education due process and

requirements. It does not specifically mention medication administration or the role of the licensed school nurse.

Thacher, A. & Reilly-Chammat, R. (1999). Managing asthma in Rhode Island schools. *Medicine and Health/Rhode Island* 82, 246-248.

This article discussed asthma care in Rhode Island schools. It focused on interaction between physician and school nurse and student and family, within the legal requirements in Rhode Island.

Thomas, M. (2001). Med error reports to FDA show a mixed bag. *Drug Topics*.

This article presented findings by the Food and Drug Administration (FDA) on the medication errors that were reported in the month of May 2001. Out of 273 reports, 265 cases were reviewed and classified. Each report was reviewed according to the Taxonomy of Medication Errors developed by the National Coordinating Council for Medication Errors Reporting and Prevention. The errors were classified into one of the following areas: (1) communication, (2) name confusion, (3) labeling, (4) human factors, and (5) packaging/design. In this analysis, the most common causes of error were human factors (42%), labeling (20%), and communication (19%). Most errors were for wrong drug (22%) and improper drug administration (17%). Finally, 10 drugs were listed that had the most errors, with the top drug being morphine sulfate (8%).

Timmons, K. (2000). On their own: school and community management of pediatric asthma. *Advance for Nurse Practitioners*, 53-54, 74.

This article explained each step to take as an asthma patient. First, the patient and family form a self-management plan. Next, school staff members, coaches, chaperones, etc., are informed of the plan, what symptoms to look for at the onset of an attack, and how to administer the medication. Environmental prevention in the home and school completed the picture.

Quick relief medications are bronchodilators used for coughing and wheezing. Long-term medications include anti-inflammatories and oral steroids. Acute symptoms that require prompt attention are severe coughing, wheezing, difficulty breathing, and chest tightness.

*Title XXX Occupations and Professions, Chapter 326-B, Registered Nurses, Licensed Practical Nurses, and Licensed Nursing Assistants, New Hampshire Nurse Practice Act.* (n.d.). Concord: New Hampshire Board of Nursing.

*Today's school nurse: More than just a person who bandages knees.* (2003). *Education World*.

This short article aimed at school administrators examined the role of the school nurse. Since passage of the 1975 Education for All Handicapped Children Act, which was amended and renamed the Individuals with Disabilities Education Act (IDEA),

children with severe disabilities, who would previously have been institutionalized or assigned to special education buildings, are attending public school, and school nurses are expected to meet their needs. Although there are no uniform national staffing standards, many school nurses are responsible for several hundreds of students each day, including those with severe handicaps. The IDEA mandates certain school activities, but adequate funding has not been put behind those mandates.

Truglio-Londrigan, M., Macali, M., Bernstein, M., Kaider, G., Petersen, S., & Tumino, M. (November/December 2002). A Plan for the Delegation of Epinephrine Administration in Nonpublic Schools to Unlicensed Assistive Personnel. *Public Health Nursing* 19, 6: 412-422.

This article described how public health nurses, the director of public health nursing, and a faculty consultant in the Bergen County Department of Health Services worked together to produce strategies for the safe implementation of New Jersey's Public Law 1997, Chapter 368. The law requires each educational board or chief school administrator/principal of public and nonpublic schools to develop a policy governing epinephrine administration.

Tryens, E., Coulston, L. & Tlush, E. (January 2003). Understanding the Complexities of Herbal Medicine. *Nursing Spectrum Midwestern Edition*. 26-28.

Tsong, N. (September 6, 2001). Nurses in small doses. Their time is divided among several schools; leaving others to tend scrapes, pass out pills. *The Seattle Times*. Scene Section p E1.

Turber F., Berry, B., & Cameron, M. (May-June 1991). The Role of School Nursing in the United States. *Journal of Pediatric Health Care*. 5, 3: 135-140.

Tuscano, A. (2000). Is it more than the blues? Children can suffer from depression, too. *Our Children* 26, 6-8.

Changes in a child's behavior are the best indications of a problem, and they aren't always negative changes. Parents should trust their instincts. It is important to seek help. Depression is very treatable with a combination of medication and learning better coping skills. The author discussed the importance of listening when communicating with children. Depression can be caused by many things—genetics, environment, circumstances, etc. There is an increased risk of depression if one or both parents suffered from depression.

Twedt, Steve (1997). Student health needs on rise: Schools ill at ease giving medicines. *Pittsburgh Post-Gazette*.

The author, a Pittsburgh Post Gazette writer, made the point that distribution of medications in schools, especially medications for asthma and attention deficit hyperactivity disorder (ADHD), was a growing phenomenon. Pittsburgh city schools

were looking to reduce the number of medications that students took at school. He also noted that school nurse staffing levels varied widely across the state of Pennsylvania and the nation, and that increasing medical needs and students pose challenges to the health and safety of students. There was a desire to shift the responsibility back to physicians to reevaluate what is needed and why.

United States Department of Health and Human Services, Head Start Program. (n.d.). *45CFT Part 1304.22 (c) Medication Administration*. Washington DC: United States Department of Health and Human Services.

United States Department of Health and Human Services. (2003). *Helping the student with diabetes succeed: A guide for school personnel*. Washington, D.C.: United States Department of Health and Human Services.

United States Department of Health and Human Services. (2000). *Healthy people 2010*. Rockville, MD: Author.

United States Department of Health and Human Services. (2003). *Secretary Thompson Announces Steps to Reduce Medication Errors. FDA Proposals for Medication Bar Coding and Safety Reporting Will Improve Patient Safety*. Retrieved 3-25-2003 from <http://www.hhs.gov/news/press/2003pres/20030313.html>.

United States Department of Justice Drug Enforcement Division. (2000). *Stimulant abuse by school age children: A guide for school officials*. Retrieved June 20, 2002, from [http://www.deadiversion.usdoj.gov/pubs/brochures/stimulant/vaschool\\_meds.htm](http://www.deadiversion.usdoj.gov/pubs/brochures/stimulant/vaschool_meds.htm).

This article reviewed the use and abuse of two medications commonly prescribed to treat attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD) in school-age children. In controlled low dosage, they helped the children to concentrate and relax. When abused, they had negative effects and could be addictive. Seven percent of the study population was found to be abusing, with 2.5% abusing monthly. Several specific recommendations were made to ensure that these medications are not diverted from their purpose, including: not allow children to self-medicate without supervision, not allow children to carry medication to and from school, have one adult be responsible for controlling medication supply, maintain a medication log, and secure drugs under lock and key.

United States Food and Drug Administration. (11-19-2002). *Medication Errors*. Center for Drug Evaluation and Research. Retrieved from <http://www.fda.gov/cder/drug/MedErrors/default.htm>.

This article defined “medication error” according to the National Coordinating Council for Medication Error Reporting and Prevention and identified common types of medication errors listed by the American Hospital Association. It emphasized safety in administration and protection of patients. Most of the information was what the Food

and Drug Administration (FDA) had done or proposed to do to address medication errors. There was a list of drugs identified that were involved in medication errors in a November 14, 2002, FDA advisory section.

United State Food and Drug Administration. (August 9, 2002). *Think It Through: A Guide to Managing the Benefits and Risks of Medicines*. Center for Drug Evaluation and Research. Retrieved August 15, 2002, from <http://www.fda.gov/cder/consumerinfo/think.htm>.

United States Food and Drug Administration. (June 24, 2002). *The New Over-the-Counter Medicine Label: Take a Look*. Center for Drug and Evaluation Research.

United States Food and Drug Administration. (2000). *How to give medicine to children*. Retrieved July 23, 2004, from <http://www.fda.gov/opacom/lowlit/medchld.html>.

United States General Accounting Office. (2001). *Attention disorder drugs: Few incidents of diversion or abuse identified by schools* (Rep. No. GAO-01-1011). Washington, D.C.: United States General Accounting Office.

This 46-page publication from the U.S. General Accounting Office reports a survey of a random sample of middle and high school principals. They reported little diversion or abuse of attention disorder drugs. For the first seven to nine months of school year 2000-2001, approximately 8% of principals in public middle and high school reported knowing of attention disorder drugs being diverted or abused at their school. Most of those principals reported knowing of only one incident. Approximately 89% of the principals reported that at their school, the diversion or abuse of attention disorder drugs was less of a problem than other illicit drugs (excluding problems with alcohol and marijuana).

Most of the principals reported that school officials administer attention disorder medications, with about 2% of the school's students on average being administered attention disorder drugs on a typical day. Medications were administered by nurses in about 60% of the schools, and by non-health professionals, such as secretaries in most of the remaining schools. Medications were kept locked in almost all (96%) of the schools, according to the principals, and students are observed while taking their medications.

United States Pharmacopoeia. (1999). *Guide to Developing and Evaluating Medicine Education Programs and Materials for Children and Adolescents*. Retrieved from <http://www.usp.org/pdf/druginformation/children/guide.pdf>.

United States Pharmacopoeia. (4-13-2000). *Lack of guidelines for handling medicines in schools puts students' health at risk*. Retrieved from [http://www.usp.org/aboutusp/releases/2000pr\\_2000-13.htm](http://www.usp.org/aboutusp/releases/2000pr_2000-13.htm).

The safe handling of medicines in schools was an important issue addressed at the United States Pharmacopoeia's national meeting in Washington, DC. USP studied the issue and recommended that the handling of medications in schools be done by a licensed school

nurse, appropriate procedures and personnel be used to ensure the safe storage and dispensing of medicines in school, and that education be conducted to help parents, teachers, and school nurses support children in becoming responsible for the safe management of their health care.

United States Pharmacopoeia. *Position statement: Ten guiding principles for teaching children and adolescents about medicines*. Retrieved March 25, 2003, from <http://www.usp.org/information/programs/children/principals.htm>.

While recognizing the varying abilities of children, the U.S. Pharmacopoeia here outlined principles to encourage children to become active participants in using medication.

*University study finds errors in medication administration*. (2001). *Your School and the Law*, 31.

A recent survey of school nurses in Iowa found that medication errors continued to be a problem in school health. Attention deficit hyperactivity disorder (ADHD) medications seemed to be the most prevalent, probably due to the increased number of students identified and treated.

A primary problem, missed doses, caused grave consequences for some students and the personnel who were delegated responsibility for medication administration were often not equipped to assess the students' conditions.

University of Iowa. (1999). *Iowa health book: Managing allergies and asthma at school*. Iowa City: University of Iowa.

University of the State of New York. (2002). *Administration of medication in the school setting: Guidelines*. Albany: The University of the State of New York.

Use of drugs to treat ADHD and depression in youth steadily increased from 1995-1999. (3-28-2002). *Research Alert*, Agency for Health Care Research and Quality. Retrieved from <http://www.ahrq.gov/news/press/pr2002/adhdpr.htm>.

This article summarized a research study on use of four drug classes (CNSS, SSRIs, TCAs, and other anti-depressants) and how they vary in use over time, by age, gender, geographic region, and prescribing physician. Study results indicated that, for this group and from 1995-99, central nervous stimulants prescribed increased by 26% in children and youth under 20 years old.

*Using medicines in school*. (November 17, 1994). *Drug and Therapeutics Bulletin*, 32, 11: 81-3.

This article discussed the various circumstances that create the need for children and youth to receive medications at school (e.g., diabetes, asthma, anaphylactic reactions), the dilemma of who should administer the medications, and the legal implications. It offered general suggestions and protocols for administering medications at school. It described the need for students to remain as independent as possible with medications in school.

Although it accurately described school situations with student medications, it did not offer any specific solutions

*USP Supports FDA Proposal for Mandatory Medication Bar Coding.* (4-2-2003). Nursing Hands Web Site. Retrieved 4-13-2003 from <http://www.nursinghands.com/News/NewsStory.html?1004714>.

*Utah Code Section 53A-11-601.* (1998). Retrieved August 5, 2004, from <http://www.le.state.ut.us/~code/TITLE53A/htm/53A0C029.htm>.

*Utah Code Section 53A-11-602.* (2004). Retrieved August 5, 2004, from <http://www.le.state.ut.us/~code/TITLE53A/htm/53A0C030.htm>.

Vail, K. (March 2005). The Medicated Child. *American School Board Journal*. Retrieve 3-11-2005 from <http://www.asbj.com/specialreports/0305SpecialReports/S1.html>.

Viadero, D. (1998). Dose of reality. Too many schools give students easy access to prescription drugs. *Teacher Magazine*, 10, 29.

Viadero, D. (1998). Storage, dispensing of medication varies, study says. *Education Week*, 17, 5.

The lack of strict controls on medications in schools was considered troubling by researchers who surveyed 53 elementary, middle, and high school principals and 73 students in rural Wisconsin. As many as 16% of the students taking stimulants for attention deficit hyperactivity disorder (ADHD) said classmates had asked them to give away, sell, or trade their drugs. Most of the schools, 83%, had policies for dispensing prescription drugs at school, the researchers found. But 44% of the students and 37% of the principals said medications were stored unlocked during school hours. Teachers dispensed the medications in a quarter of the schools surveyed. The researchers said the results pointed up the need for policies and their enforcement to control medication use in schools.

Vermont Department of Education. (2003). *State board of education manual of rules and practices*. Retrieved July 26, 2004 from, <http://www.state.vt.us/educ/new/html/board/rules.html>.

Vermont School Boards Association. (2001). *Vermont model policy manual*. Retrieved from <http://www.vtvsba.org/policy/manual.htm>.

*Vermont State Board of Nursing Advisory Opinions.* (n.d.). Retrieved July 26, 2004, from <http://vtprofessionals.org/opr1/nurses/forms/nursingopinions.pdf>.

Vermont Secretary of State. (n.d.). Retrieved August 19, 2002, from <http://vtprofessionals.org/>.

Virginia Department of Education. (2000). *Manual for the training of public school employees in the administration of medication*. Richmond: Virginia Department of Education.

- Virginia Department of Education. (1999). *Manual for the training of public school employees in the administration of insulin and glucagon*. Richmond: Virginia Department of Education.
- Virginia Department of Health. (1999). *Virginia school health guidelines*. Richmond: Virginia Department of Health & Virginia Department of Education.
- Virginia Administrative Code Chapter 20: Regulations Governing the Practice of Nursing*. (2004). Retrieved July 26, 2004, from <http://leg1.state.va.us/000/srr.htm>.
- Virginia Department of Health & Virginia Department of Education. (2001). *School nursing services: A summary of school nursing services personnel and selected school health services components in Virginia public schools for the school year 1998-1999*. Richmond: Virginia Department of Health & Virginia Department of Education.
- Vogin, G.D. (reviewer). (February 13, 2003). *Dispensing Errors Reported for Serzone and Seroquel*. Retrieved 2-21-2003 from <http://www.medscape.com/viewarticle/449406>.
- Wachusett Regional School District. (2003). *Health support staff job description*.
- Wallis, E. (1995). Administering medicines in schools: Great Britain. *Child Education*, 72, 64.
- Walson, P., Galletta, G., Chomilo, F. Braden, N., Sawyer, L., and Scheinbaum, M. (May 1992). Comparison of Mutidose Ibuprofen and Acetaminophen Therapy in Febrile Children. *AJDC*. 146: 626-632.
- Washington Department of Public Instruction, Learning and Teaching Support. (June 8, 2001). *Medication administration in the schools, Bulletin No 34-01*. Deattle, WA: Author.
- Wegrzyn, A. (2001). Food-Allergic Reactions Common in Schools, Preparedness Lacking. (2001). *Archives of Pediatrics and Adolescent Medicine*. 155: 790-795.
- West Chester Area School District Health Services. (n.d.). Retrieved June 13, 2002, from <http://staff.wcasd.k12.pa.us/administration/healthservices/default.htm>.
- West Virginia Board of Examiners for Registered Professional Nurses. (2002). *West Virginia nursing code and legislative rules*. Charleston: State of West Virginia Board of Examiners for Registered Professional Nurses.
- West Virginia Board of Examiners for Registered Professional Nurses. (2001). *RN Newsletter*, 39.
- West Virginia Department of Education. (2001). *Basic and specialized health care procedure manual for West Virginia public schools*. Charleston: West Virginia Department of Education.

West Virginia Department of Education. (n.d.). *The Americans with Disabilities Act: A Brief Overview*. Retrieved December 19, 2001, from <http://janweb.icdi.w.vu.edu/kinder/overview.htm>.

*What legal issues do today's school nurses face? Interview with N. Schwab.* (2001). *Curriculum Review*, 40, 14-15.

This article is a question-and-answer interview with Nadine Schwab. It addresses liability issues that school nurses might face, parental expectations, medications and legal concerns with medication issues, etc.

Wheeler, L. (2004). *Guidance for health care providers who prescribe life-saving medications for student with asthma or allergies to self-carry and administer at school.* 1-3. Retrieved from <http://www.nhlbi.nih.gov/health/prof/lung/>.

White, J. & Weldage, G. (1995). Community Collaboration: If it Is Such a Good Idea, Why Is It So Hard To Do? *Educational Evaluation and Policy Analysis* 17, 23-38.

This article showed how the effort to build formal collaboration structures among public and private organizations has problems. There was a gap between intent and reality partially because of miscommunication, lack of confidence between involved partners, failure to respond to requests for information, and mistrust. This was a case for decentralization rather than coordination.

Wiley, D., James, G., Jonas, J., & Crosman, E. Comprehensive School Health Programs in Texas Public Schools. *Journal of School Health* 61, 421-425.

This article described results of a 1990 survey completed in seven Texas school districts about levels of implementation of coordinated school health programs. Areas that were specifically identified and discussed in relation to coordinated school health were: school environment, health instruction, physical education instruction, school health services, guidance and counseling, school food services, employee wellness, and school and community cooperation. The study examined whether or not schools were set up to provide for physical, mental, and nutritional health needs through comprehensive health programs; generally they were not.

Williams, R.D. (May 1996). How to Give Medicine to Children. *U.S. Food and Drug Administration*. Retrieved June 12, 2002, from [http://www.fda.gov/fdac/features/196\\_kid.html](http://www.fda.gov/fdac/features/196_kid.html).

Wingert, P. (2000). No more 'afternoon nasties'. A new rival of Ritalin keeps kids out of the nurse's office. *Newsweek*, 136, 59.

This article compared and contrasted Ritalin, the traditional stimulant therapy for attention deficit hyperactivity disorder (ADHD), with Concerta, its new competitor. This new extended-release medication had the promise to reduce side effects and swings from

medication wearing off mid-day. This would increase its effectiveness for school children.

Winslow, R. (September 3, 2002). *Study says splitting pills usually safe*. Retrieved September 4, 2002, from <http://www.twincities.com/mid/pioneerpress/living/health/3978878.htm>.

Wisconsin Association of School Boards. (2001). *Updated Wisconsin School Laws*.

Wisconsin Association of School Boards. (1998). *Updated Wisconsin School Laws*.

Wisconsin Department of Public Instruction. (2004). *School nursing and health services: A resource and planning guide*. Milwaukee: Wisconsin Department of Public Instruction.

Wold, S..J. (1981). *School Nursing: A framework for practice*. Sunrise River Press, North Branch, MN.

Wolf, Z. (2001). Understanding medication errors. *Nursing Spectrum (Metro Edition)*, 29-34.

This article presented information on errors in administering medications. There was discussion of the pros and cons of error reporting and how punishing the individual who made the mistakes does not reduce the incidents; it just reduces the number of reported errors. The article also presented common sources of errors and prevention strategies for schools to consider.

Woolf, A.D. (July 2003). Herbal Remedies and Children: Do they work? Are they harmful? *Pediatrics*. 112, 1: 240-246.

This article presents an overview and definition of herbal medications. It discusses the toxicity of some herbs, it gives a history of the origins of herbals and provides principles for clinicians to keep in mind when addressing the use of herbal medicines.

Wyoming State Board of Nursing. (n.d.). *Chapter 1: General provisions*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.

Wyoming State Board of Nursing. (n.d.). *Chapter 2: Licensure requirements for registered professional nurses and licensed practical nurses and certification requirements for nursing assistants/nurse aids*. Retrieved August 21, 2002 from, <http://nursing.state.wy.us/>

Wyoming State Board of Nursing. (n.d.). *Chapter 3: Standards of nursing practice*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.

Wyoming State Board of Nursing. (n.d.). *Chapter 6: Standards for nursing education programs*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.

Wyoming State Board of Nursing. (n.d.). *Chapter 7: Certified nursing assistant/nurse aid*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.

- Wyoming State Board of Nursing. (n.d.). *Chapter 8: Practice and procedure*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Wyoming State Board of Nursing. (2002). *Advisory opinion: Delegation of medication administration - RN*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Wyoming State Board of Nursing. (2001). *Nursing scope of practice decisions and decision-making*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/pubopin/opin/nspdp.htm>.
- Wyoming State Board of Nursing. (1999). *Advisory opinion: Administering medications ordered by a herbalist - RN*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Wyoming State Board of Nursing. (1999). *Advisory opinion: Assistance with self-administration of medications - CNA*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Wyoming State Board of Nursing. (1999). *Assistance with medication self administration*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/pubopin/opin/drgsao.htm>.
- Wyoming State Board of Nursing. (1999). *Board policy regarding scope of practice questions*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/pubopin/opin/spio.htm>.
- Wyoming State Board of Nursing. (1999). *Standards for delegation of basic nursing tasks and skills*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/pubopin/opin/delegato.htm>.
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- Wyoming State Board of Nursing. (1990). *Advisory opinion: Bolus administration of medication - RN*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Wyoming State Board of Nursing. (1988). *Advisory opinion: Adjusting sliding scale dosages for PRN medications - RN*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Wyoming State Board of Nursing. (1988). *Advisory opinion: OTC drug administration by school nurses - RN*. Retrieved August 21, 2002, from <http://nursing.state.wy.us/>.
- Yates, S. (February 1994). The Practice of School Nursing: Integration with New Models of Health Service Delivery. *Journal of School Nursing*. 10, 1: 10-19.
- Zuger, A. (September 17, 2002). *Caution: That Dose May Be Too High*. New York Times. F1 (Col 1).